



Project EVERS



Suicide Prevention

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Suicide Prevention



Minutes!

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Due to the impulsivity of teens and young adults, many contemplate suicide and act on the impulse within minutes.

Anywhere from 1/3 to 4/5 of all suicide attempts are impulsive acts.

24% of those who made near-lethal suicide attempts decided to kill themselves less than five minutes before the attempt, and 70% made the decision within an hour of the attempt.

That is why a cornerstone of suicide prevention is simple: being aware of the myths – and facts – about suicide. Knowing the warning signs of suicide... what to do... and how to offer support to someone who may be considering death by suicide.

This workshop is a good starting point to learn all of the above.



Suicide Prevention

Myths vs. Facts: True or False?

- Talking openly about suicide will cause it.
- Anyone can learn to help someone who is struggling with thoughts of suicide.
- If someone decides they want to take their own life, there is nothing we can do to stop them.
- If someone talks about suicide they do not need to be taken seriously – they are just seeking attention.

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Because suicide is such a stigmatized topic, people often do not talk about it and misperceptions and myths can easily grow. These questions are true or false statements. What do you think the appropriate response to each question is?

Talking openly about suicide will cause it.

F – What we know is that talking openly about suicide in a responsible manner can have the opposite effect on those who are struggling. It's usually as if finally, someone sees their struggles and is willing to help them get the support they need.

Anyone can learn to help someone who is struggling with thoughts of suicide.

T – The only limitation is our own belief about whether or not suicide is preventable, our own ability to recognize and intervene with a potentially suicidal person, and our own comfort around the topic. Suicide prevention is up to us ALL.

If someone decides they want to take their own life, there's nothing we can do to stop them.

F – In fact, most often a person who is considering suicide doesn't really want to die – they just want to end the unbearable pain they're experiencing. They are often looking for someone to help them with their distress. Up to 90% of suicidal people speak to at least one person about their distress before making a suicide attempt.

If someone talks about suicide they don't need to be taken seriously – they are just seeking attention.

F – Most often before someone dies by suicide they do talk about it with someone – usually a trusted person in their life. Talk of suicide should be taken seriously every time.



Suicide Prevention

Stigma Related to Suicide

Attempted Suicide

- Crazy
- Stupid
- Attention seeking
- Dumb
- Wanting help

Died by Suicide

- Gone
- Dead
- Selfish
- Needed help, but didn't get it



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Most often, suicidal thoughts are the result of feeling like you can't cope or recover when you're faced with what seems to be an overwhelming life situation. Fear, anxiety and depression can stem from a wide range of concerns and experiences, from personal and family issues to work-related stress. This chart reflects the discomfort that all too many feel when they think – or talk – about suicide.



Suicide Prevention

Activity – Touched by Suicide



Using your cell phone or tablet, please go to:

mentimeter.com

Question:

Do you know someone who has attempted or completed a suicide?

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How many of you have been touched – in some way – by suicide? If people are comfortable, they can simply raise their hands if they have known someone – or known of a significant event when someone died by suicide or, who made a suicide attempt? (or you can use the activity example, scripted below)

We'd like to do a simple activity using Mentimeter. Using your tablet or cell phone, please go to: mentimeter.com.

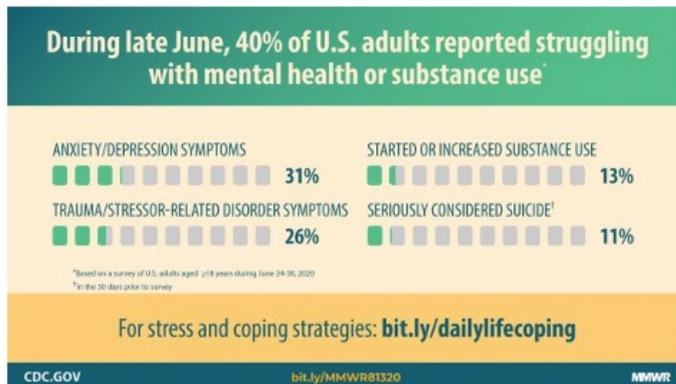
The average percentage of people who have been touched by suicide is 54%. If we're representing that average, at least half of us in this room have been touched by someone who died by suicide or made a suicide attempt. there should be at least half of you in this room/session.

The poll is a yes or no question...



Suicide Prevention

Impact of COVID-19



The emotional and psychological impacts of the pandemic can lead to feelings of hopelessness and thoughts about suicide.

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Most often, suicidal thoughts are the result of hopelessness and feeling like you can't cope or recover when you're faced with what seems to be an overwhelming life situation. There's little data yet on the COVID-19 pandemic and its impact on the suicide rate. But clearly the pandemic has added intense emotional and mental stress to the lives of people around the world.

While studies are limited, the CDC reported that during June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

Those findings are staggering for the youth and families we serve. An appropriate public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including the work of educators and community service providers, should prioritize teens, young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers. [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6913a1.htm)

Another set of preliminary findings from a study in a metropolitan area of Texas, showed significantly higher rates of suicide-related behaviors corresponded with times when COVID-19 stressors and community responses (e.g., stay-at-home orders and school closures) were heightened, indicating that youth experienced elevated distress during these periods. "Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19" ([Hill RM, et al. Pediatrics. Dec. 16, 2020](https://doi.org/10.1093/pediatrics/kiaa16)).



Suicide Prevention

Looking at life through a straw...you only see one thing.



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When someone is suffering from depression and may be considering suicide, it's like looking at life through a straw: you only see one thing.

You miss the bigger picture of all that may be good: nature, friends, family and all that is important to us.

One risk factor that people are most commonly aware of is depression, so watch for the following symptoms of depression

- 1. Feelings of helplessness and hopelessness.** A bleak outlook—nothing will ever get better and there's nothing you can do to improve your situation.
- 2. Loss of interest in daily activities.** You don't care anymore about former hobbies, pastimes, social activities, or sex. You've lost your ability to feel joy and pleasure.
- 3. Appetite or weight changes.** Significant weight loss or weight gain—a change of more than 5% of body weight in a month.
- 4. Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping.
- 5. Anger or irritability.** Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short, and everything and everyone gets on your nerves.
- 6. Loss of energy.** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
- 7. Self-loathing.** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
- 8. Reckless behavior.** You engage in escapist behavior such as substance abuse, reckless driving, or dangerous sports.
- 9. Concentration problems.** Trouble focusing, making decisions, or remembering things.
- 10. Unexplained aches and pains.** An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.



Suicide Prevention

Suicide in the United States (2018 data)

- 54% of Americans have been affected by suicide.
- 48,334 people died by suicide in 2018 – about 1 person every 12.8 minutes.
- 10th leading cause of death across the lifespan
 - 2nd leading cause of death for ages 10-34
 - 4th leading cause of death for ages 35-54
- 10.3% of Americans have thought about suicide.

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Presenter Notes: These are national statistics. The number of traffic fatality deaths in the US was 40,464... suicide far exceeded those numbers.

More than half of all Americans have been affected by suicide. To put it simply, in 2018, approximately 132 Americans died by suicide each day.

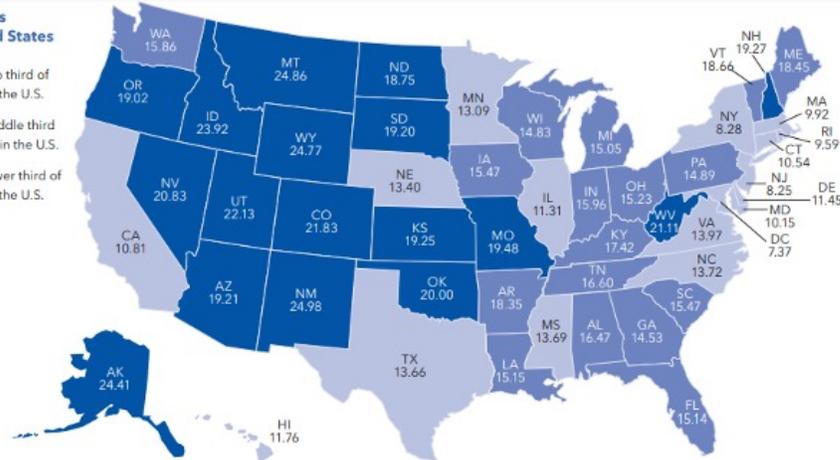
1.4 million Americans attempted suicide. A suicide attempt should be viewed as a significant cry for help. Take any suicide attempt seriously and respond with interventions that increase support and reduce stress in the young person's life.



Suicide Prevention

Suicide Rates in the United States

- States in the top third of suicide rates in the U.S.
- States in the middle third of suicide rates in the U.S.
- States in the lower third of suicide rates in the U.S.



CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/20). Find additional citation information at afsp.org/statistics.

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This map reflects suicide rates in the United States. Please note, Kansas is in the top third of suicide rates in the US.

Suicide rates are highest among White and Native American/Alaska Native populations.

However, data shows that the suicide rates for Latinos and African Americans are continually rising.

Although suicide rates peak in later life, **risk of attempted suicide peaks among the young.**

Sometimes we are not aware of the suicide risk in a person until they make an attempt on their life. A suicide attempt is among the most predictive factors for future suicide risk.

Estimates are that for every death there are 25 to 100 non-fatal suicide attempts for all ages. Among youth 15-25 years old there are 100-200 suicide attempts for every death by suicide, as compared to adults 75+ years old, there are 4 suicide attempts for each suicide death. Suicide by elders are usually more planful, more secretive, and they tend to choose more highly lethal means.

Research has shown that focusing on protective factors and increasing the occurrence of particular protective factors can make a difference. The particular protective factors usually include:

- Having at least one trusted and caring adult
- School safety, a sense of belonging and community
- Family connectedness

These directly impact anyone's risk for suicide... even without addressing the risk factors or stresses that are present.

Best practice is using a cultural competence approach



Suicide Prevention

Men as a High-Risk Group



- 77% of U.S. suicides are men.
- Gender issues include:
 - Poor help-seeking
 - Men are less likely to talk to someone when in crisis
 - Difficulty recognizing and expressing emotions
 - Increased substance use / abuse
 - Use more lethal means for attempts
 - Feeling like a burden
 - Struggle between belonging and independence

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Thoughts of suicide can touch any person anywhere, but there are some groups in the U.S. that are at greater risk for different reasons.

Middle-aged people, especially men, have the highest rate of suicide compared to other groups. Approximately 77% of all deaths by suicide in the U.S. are among men; they die by suicide 3.6 times more often than females.

Men ages 85 and older have the highest rate of any group in the country. Many factors contribute to this risk, including isolation, a history of violence, and access to lethal means.

Other gender issues include are addressed in the slide. They reflect what we know, but all too often don't seriously think about. Because boys – are often discouraged from expressing emotion, asking for help, etc. it's important to consider if (and/or how) these factors relate to teen/adolescent boys.



Suicide Prevention

Women/Adolescent Females and Suicide



- Increased risk for depression
- Higher attempt rates, less deadly means
- Domestic violence, childhood abuse
- Pregnancy and parenthood – both risk and protective

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Although women have significantly lower suicide completion rates than men, they **attempt** suicide at 3 times the rate of men.

Suicide rates among women have been increasing at a faster rate than those of men over the past 10 years (US Center for Disease Control Data), so it's an issue we need to consider.

While the rates are high, on the converse, protective factors for women /adolescent females include:

- Increased verbal and social skills
- Increased self-helping and self-seeking behaviors
- Social networks are often stronger, providing connections to services and people



Suicide Prevention

Latino Suicide

Latina teens currently have the highest rate of **suicide attempts** among all adolescent groups in the U.S. (CDC)



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Although in general, Hispanic suicide rates are lower than those of the overall US population, the teenage Latina population has a notably high suicide rate - close to double that of non-Hispanic youth and young adult females. Alarmingly one in seven Hispanic girls living in the US will attempt suicide after struggling with common factors, including many of the same issues we just identified: culture, access to health care, family dynamics, language barriers, and poverty.

Latina high school girls have the highest rate of suicide **attempts** in the country. Nearly 25% contemplated suicide and 15% attempted. Most concerning are **ninth-grade** Latino girls, a group in which 30-40% reported suicidal thoughts and 14-19% reported attempting suicide in the past year. **Caring from teachers:** One recent national study found that perceived caring from teachers was associated with a decreased risk of suicide attempts by Latina adolescents. That holds huge implications for teachers.

In a four-year analysis of a nationally representative sample, Hispanic adolescent and young adults had the highest rates of hopelessness and fatalism among all racial/ethnic groups. Additionally, perceived racial discrimination is associated with suicide attempts among Hispanic college students (Gomez, 2011).^{12s}

The US Latino population is large, young, and fast-growing, Without targeted prevention efforts, the high levels of suicidal behavior among Latino adolescents are likely to continue, placing considerable demands on families, communities, medical and psychiatric services.

Addressing Stigma In Hispanic Mental Health Communications
Beatriz Mallory 2018



Suicide Prevention

Activity – What would you do?

Amanda (Grade 9) says the following:

- I plan to give my championship soccer ball away to my best friend.
- I wonder if anyone would notice I'm gone?
- Why doesn't anyone care?



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Cries for help are sometimes random statements that are made. Let's see if we can decipher some of what these statements tell us.

Take a few minutes to discuss these statements as a group. What are some good options for response?



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WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:

- ▶ Wanting to die
- ▶ Great guilt or shame
- ▶ Being a burden to others



FEELING:

- ▶ Empty, hopeless, trapped, or having no reason to live
- ▶ Extremely sad, more anxious, agitated, or full of rage
- ▶ Unbearable emotional or physical pain



CHANGING BEHAVIOR, SUCH AS:

- ▶ Making a plan or researching ways to die
- ▶ Withdrawing from friends, saying good bye, giving away important items, or making a will
- ▶ Taking dangerous risks such as driving extremely fast
- ▶ Displaying extreme mood swings
- ▶ Eating or sleeping more or less
- ▶ Using drugs or alcohol more often



If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

National Suicide Prevention Lifeline
1-800-273-TALK

Crisis Text Line
Text "HELLO" to 741741



www.nimh.nih.gov/suicideprevention

NIMH-16-1616-101-001-001-001-001

Warning signs:

- ✓ Talk
- ✓ Behavior
- ✓ Mood

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Suicide does not have one single cause. Certain factors like substance abuse and untreated depression can lead to higher risk of suicide just as having a trusted group of friends or one caring adult can help protect you.

Warning sign: Talk

If a person talks about:

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

Warning sign: Behavior

Behaviors that may signal risk, especially if related to a painful event, loss or change:

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

Warning sign: Mood

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

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

Warning signs are indications that someone can be in danger of suicide, either immediately or in the near future.

Most people show one or more warning signs, so it is important to know the signs and take them seriously especially if a behavior is new or has increased; or, if it seems related to a painful event, loss, or change. When we note warning signs, they offer a reason to ask if someone is okay.

Change in behavior is key. If you do not know the student well, try to find someone who does. Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, **step in or speak up**. Get the facts and take action!

Call 911 if lethal means are present or if someone is out of control, refuses help or is impaired due to substance use or psychosis.

Call the Suicide Prevention Hotline – or a local crisis line - if no means are present.

You can offer support and advice, but remember that it's not your job to substitute for a mental health provider.

- Difficult life experiences may include:
 - Break up or a romance or friendship
 - Recent divorce
 - Social isolation, especially by suicide
 - Physical, sexual or emotional abuse
 - Bullying or discrimination

There are also times that NO warning signs are apparent. There should be NO blame if someone attempts or completes suicide. Listen for clues... **help is available if you're not sure if everyone would be better off without me / What's the point? Suicide is stigmatized and it makes it difficult for some people to talk openly, even when they are at serious risk.**



Suicide Prevention

The brain is sick; it is not thinking clearly.

People who are thinking about suicide sometimes have the following thoughts:

- *"I'm a burden."*
- *"The world would be better off without me."*
- *"Everyone would be better off."*
- *"No one wants me."*
- *"What's wrong with me?"*
- *"No one would miss me if I was gone."*
- *"Life is never going to be better."*



While we know an array of factors that lead to suicide, there are still so many unknowns.

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Across all racial and ethnic populations, some of the most significant risk factors are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders
- Access to lethal means

For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide.

These events may include relationship problems and breakups, problems at school or work, a family's financial hardships, legal difficulties, and worsening health.



Suicide Prevention

There is a Difference

“I don’t want
to live like
this.”



“I want to die.”

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There is a big difference between these two thoughts. When you encounter someone who may be considering suicide stay calm and take one step at a time.



Suicide Prevention

Suicide: Risk Factors and Protective Factors



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Risk factors are pretty much exactly what they sound like – issues in a young person’s life that increase the likelihood (risk) of them acting on suicidal thoughts. While warning signs are more immediate such as sudden changes in behavior, risk factors are often longer-term challenges that a young person may deal with over a period of time. The more challenges a young person has in their life, the greater their risk of suicide.

Experiencing risk factors doesn’t necessarily mean a young person will think about or attempt to take their own life. We all have different ways of coping with challenges, and strong family relationships and significant connections with caring adults also help to balance out difficult or negative life issues.

The main thing is to be aware of any challenges that your young person is facing, keep an eye out for changes in their behavior, and check in with them if you’re concerned.

Risk factors can be balanced out to a certain extent by the presence of protective factors. There are a range of protective factors that can help to reduce suicidal behavior, including:

- strong, positive relationships with parents and guardians – feeling secure and supported
- connections to other non-parental adults, especially education professionals
- closeness to caring friends
- academic achievement
- school safety
- feeling a sense of belonging to something bigger than themselves – community, culture, religion, sports team
- neighborhood safety
- awareness of and access to local health services overall resilience.



Suicide Prevention

What can Educators Do?



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As we seek answers as to what to do or how to help, Project EVERS has adopted BeThe1To's five-step suicide prevention initiative. #BeThe1To is the [National Suicide Prevention Lifeline's](#) message for National Suicide Prevention Month and beyond, spreading the word about actions we can all take to prevent suicide. The Lifeline network and its partners are working to change the conversation from suicide to suicide prevention, to actions that can promote healing, help and give hope. Together, we can prevent suicide by learning to help ourselves, help others, seek consultation from trained providers (hotlines and clinicians) and to seek hospital care when necessary.

Ask: Asking the question "Are you thinking about suicide?" communicates that you're open to speaking about suicide in a non-judgmental and supportive way. Asking in this direct, unbiased manner, can open the door for effective dialogue about their emotional pain and can allow everyone involved to see what next steps need to be taken. Other questions you can ask include, "How do you hurt?" and "How can I help?" **Do not ever promise to keep their thoughts of suicide a secret.**

Listen: The flip side of the "Ask" step is to "Listen." Make sure you take their answers seriously and not to ignore them, especially if they indicate they are experiencing thoughts of suicide. Listening to their reasons for being in such emotional pain, as well as listening for any potential reasons they want to continue to stay alive, are both incredibly important when they are telling you what's going on. Help them focus on **their** reasons for living and avoid trying to impose **your** reasons for them to stay alive.

Remember: Studies show that [asking at-risk individuals](#) if they are suicidal does not increase suicides or suicidal thoughts. In fact, studies suggest the opposite: findings suggest [acknowledging and talking about suicide](#) may in fact [reduce rather than increase](#) suicidal ideation.



Suicide Prevention

Start by asking questions;
LISTEN to them like a trusted/true friend.

Be sensitive, but ask **direct questions**, such as:

- *Are you thinking about suicide?*
- *Have you ever thought about suicide before, or tried to harm yourself before?*
- *Have you thought about how or when you'd do it?*
- *Do you have access to weapons or things that can be used as weapons to harm yourself?*

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FIND THE WORDS

Remember... asking about suicidal thoughts or feelings won't push someone into doing something self-destructive.

In fact, offering an opportunity to talk about feelings may reduce the risk of acting on suicidal feelings.

"Are you thinking of ending your life?" Few phrases are as difficult to say, but when it comes to suicide prevention, **none are more important**. Here are some ways to get the conversation started.

Stay calm and LISTEN.

The #1 predictor of whether a person will attempt suicide is if they answer "yes" to the question about harming themselves before.

Remember... from a suicidal person's perspective, their life is in crisis. They have many difficult things going on at once and their ability to cope – and to think clearly – is overwhelmed.

Problem-solving is VERY difficult. Suicide is an alternative to pain... and sometimes viewed as the only way out. While their thoughts and behaviors may seem irrational to us, it makes perfect sense to the suicidal person. You can't lose when you express an openness to talking about what's going on, including asking about suicide.



Suicide Prevention

What can
Educators
Do?



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Be There: This could mean being physically present for someone, talking with them on the phone when you can't be with them in person, or any other way that shows support for the person at risk. An important aspect of this step is to make sure you follow through with the ways in which you say you'll be able to support the individual. Do not commit to anything you are not willing or able to do.

If you are not able to be physically present with someone who having thoughts of suicide, talk with them to develop some ideas for others who might be able to help as well. Listening is very important during this step – find out what and who they believe will be the most effective sources of help.

Being there for someone with thoughts of suicide is life-saving. Increasing their connectedness to others and limiting their isolation – both in the short- and long-term has shown to be a protective factor against suicide. A low sense of belonging, isolated behaviors, a lack of a sense of purpose and perceived burdensome can severely elevate someone's risk.

Remember: Connectedness is a key protective factor not only against suicide as a whole, but in terms of the escalation of thoughts of suicide to action. Research reinforces that connectedness acts as a buffer against hopelessness and psychological pain. By being there, we have a chance to alleviate or eliminate some of these significant factors.



Suicide Prevention

Prevention

- Offer support.
- Acknowledge their feelings.
- Don't be judgmental.
- Never promise to keep expressed feelings a secret.
- Offer reassurance that things can get better.
- Encourage a friend or family member to remove potentially dangerous items from the person's home.
- Encourage someone to stay with the person.
- Call 911 if necessary or take to the Emergency Room.
- Remove things that they may use to harm themselves.



You may worry that you're overreacting, but the safety of your student is most important. Don't worry about straining your relationship when someone's life is at stake.

You're not responsible for preventing someone from taking his or her own life - but your intervention may help the person see that other options are available to stay safe and get treatment.



Suicide Prevention

What can
Educators
Do?



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***Ask Again...** try to gain more information. Have they already done anything to try to kill themselves before talking to you? Have they made any suicide attempts in the past? Do they have a specific, detailed plan? What's the timing for their plan? Do they have access to their planned method?*

Knowing the answers to each of these questions can tell us a lot about the imminence and severity of danger the person is in. For instance, the more steps and pieces of a plan that are in place, the higher their severity of risk and their capability to enact their plan might be. Or if they have immediate access to a firearm and are very serious about attempting suicide, then extra steps (like calling the authorities or driving them to an emergency department) might be necessary. The Suicide Prevention Lifeline can always act as a resource during these moments as well if you aren't entirely sure what to do next.

The [Harvard T.H. Chan School of Public Health](#) notes that reducing a suicidal person's access to highly lethal means (or chosen method for a suicide attempt) is an important part of suicide prevention. A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. Research also shows that "method substitution" or choosing an alternate method when the original method is restricted, frequently does not happen. The **myth** "If someone really wants to kill themselves, they'll find a way to do it" often does not hold true if appropriate safety measures are put into place. This Keep Them Safe step is really about showing support for someone during the times when they have thoughts of suicide by putting **time** and **distance** between the person and their chosen method, especially methods that have shown higher lethality (like firearms and medications).



Suicide Prevention

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HELP THEM CONNECT: Helping someone with thoughts of suicide connect with ongoing supports (like the Suicide Prevention Lifeline, 800-273-8255) can help them establish a safety net for those moments they find themselves in a crisis. Additional components of a safety net might be connecting them with supports and resources in their communities. Explore some of these possible supports with them – are they currently seeing a mental health professional? Have they in the past? Is this an option for them currently? Are there other mental health resources in the community that can effectively help?

One way to start helping them find ways to connect is to work with them to develop a safety plan. This can include ways for them identify if they start to experience significant, severe thoughts of suicide along with what to do in those crisis moments. A safety plan can also include a list of individuals to contact when a crisis occurs.

Research found ([*Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline*](#)) that individuals who called the National Suicide Prevention Lifeline were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls handled by Applied Suicide Intervention Skills Training-trained counselors. These improvements were linked to ASIST-related counselor interventions, including listening without judgment, exploring reasons for living and creating a network of support.



Suicide Prevention

What can
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FOLLOW UP: After your initial contact with a person experiencing thoughts of suicide, and after you've connected them with the immediate support systems they need, make sure to follow-up with them to see how they're doing. Leave a message, send a text, or give them a call. The follow-up step is a great time to check in with them to see if there is more you can help with or if there are things you've said you would do and haven't yet had the chance to get done for the person.

This type of contact can continue to increase their feelings of connectedness and share your ongoing support. There is evidence that even a simple form of reaching out, [*like sending a caring postcard*](#), can potentially reduce their risk for suicide.

Studies have shown a reduction in the number of deaths by suicide when [*following up was involved*](#) with high-risk populations, even those who were discharged from acute care services. Studies have also shown that brief, low-cost intervention and [*supportive, ongoing contact*](#) may be an important part of suicide prevention.

Share these #BeThe1To steps in your community. [*Find out how.*](#)



Suicide Prevention

Suicide Prevention and Self-Care

- After you have taken action, call a supervisor or coworker or a friend.
- Lessen the chance of severe secondary trauma by talking to another trusted adult.



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And finally... after you've taken care of the student or person who is suicidal, focus on you. This is an essential part of self-care. Know yourself and act appropriately for YOU. At this point, you, too, have experienced and been through trauma. Do all you can do to debrief and take care of yourself.

Questions?



Suicide Prevention

Activity – Starting the Conversation

Write one or two phrases or ways to:

- Show you care.
- Ask the question about suicide.
- Assist someone to get help and name two resources.



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<https://www.seizetheawkward.org>

[#realconvo](https://www.afsp.org/realconvo)

<https://www.afsp.org/realconvo>

Some Quick Tips for Having a #RealConvo About Mental Health include:

- When someone is struggling, just listen
- Let the other person share at their own speed
- Don't pass judgement or offer advice — just be there
- We all experience mental health differently, and that's okay
- Check back in, and offer to connect them to help if they need it

ACTIVITY NOTES (Suicide Prevention)

This might be the most important part of program.

As a facilitator, practice this exercise before trying it with a group. The slides list the directions:

Read it... allow time for audience to follow directions.

Direct participants to respond to each question with one answer making sure to respond to all three steps. If there is time they can return and generate a second response for each number... and a third if there is time.

After about 5 minutes, ask them to share what they wrote with each other in pairs or very small groups. After two minutes, ask for volunteers to share their ideas with the entire group. Take one step at a time, as follows:.

Say: All of us "show we care" in different ways (verbal and non-verbal)... and we trust that you will genuinely express caring/concern. Let's share a few of the ways..."

Then ask, "How would YOU "ask about suicide?" Collect several different responses. (Remember, there are no right or wrong answers.)

And finally, how would YOU try to assist someone to get help? Again, quickly sample your audience. And where might you turn for help?

Step of the way you as your audience work together to reinforce helpful steps and increase their comfort level. This DOES work with adults (and youth) as it is fast paced and interactive.



Suicide Prevention

If you're thinking about suicide, call the National Suicide Prevention Lifeline:
1-800-273-TALK (8255)
or text CONNECT to 741741.
Spanish: 1-800-273-8255
Coming soon: text 988



www.projectevers.org

Make this card readily available throughout your school, your community. It can save – and change – lives.



Suicide Prevention



<http://psa.preventsuicidepa.org/>

The National Action Alliance for Suicide Prevention and the National Suicide Prevention Lifeline know it is possible to reduce deaths from suicide like we have reduced heart disease fatalities and other leading causes of death. For every person who dies by suicide annually, there are another 280 people who have thought seriously about suicide who didn't kill themselves, and nearly 60 who have survived a suicide attempt. The overwhelming majority of these individuals will go on to live out their lives. These untold stories of hope and recovery are the stories of suicide prevention, stories that inform our efforts to prevent more suicides every day.



Suicide Prevention



Please use the link to fill out
an evaluation.
Thank you!

www.projectevers.org

We appreciate your time and attention to this presentation about the importance of suicide prevention in the lives of each and every one of our students. Your honest feedback is vital to our focus and efforts as Project EVERS continues to move forward in the area of personal wellness and mental health. Please take just a moment to use the QR code on the screen to access a brief evaluation. Thank you.