



# SUICIDE AWARENESS and PREVENTION

For  
**NORTHEASTERN UNIVERSITY**

Presented by Samaritans of Merrimack Valley  
A Program of Family Services of the Merrimack Valley



January, 2022



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A discussion about suicide can be difficult.  
Your personal experiences around suicide may bring up  
emotional responses and be very uncomfortable. Please feel  
free to take care of yourself. If you need to get up, walk  
around or leave for a few minutes, please do so.

**reminder:**  
 **take care  
of yourself!**

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**Samaritans**  
OF MERRIMACK VALLEY  
Founded in 1980

**Newsletters  
Resource  
Packets**

**24/7 Crisis  
Line**

**Survivor  
Groups**

**Trainings for  
Older Adults  
Middle Aged  
Men**

**Survivor  
Home Visits**

**Prevention/  
Postvention  
Services**

**Trainings for  
schools,  
youth, clergy,  
clinicians**

**Suicide attempt  
support group**

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**SELF-CARE DURING COVID**

To prevent burnout and the development of the negative effects of vicarious trauma, it is essential to take proactive steps.

- Be proactive with your self-care.
- Establish boundaries
- Reflect and know your limits
- Maintain social supports
- Consult with other colleagues.
- Be kind to yourself.

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**MENTAL HEALTH CHALLENGES**

- 1 in 5 teens and young adults live with a mental health condition
- 10.2% of youth will be diagnosed with a substance use disorder in their lifetime
- 50% of all mental health challenges begin by age 14 and 75% by the mid-20's.
- Last year, the CDC reported that almost 2/3 of 18-24 year olds reported symptoms of anxiety or depression
- 25% reported increased substance use
- 25% reported seriously considering suicide

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**SYMPTOMS OF DEPRESSION**

- Lasting sadness, anxiety, or emptiness
- Loss of interest in hobbies, activities, or sex
- Feeling helpless, hopeless, or guilty
- Sleeping too much or too little
- Feeling tired, restless, or irritable
- Trouble with focus, memory, or decisions
- Changes in eating or weight
- Uncontrollable emotions
- Thoughts of death or suicide

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### SYMPTOMS OF ANXIETY

- Feeling restless, wound-up, or on-edge
- Being easily fatigued
- Having difficulty concentrating; mind going blank
- Being irritable
- Having muscle tension
- Difficulty controlling feelings of worry
- Having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep
- Panic Disorder-heart palpitations, shortness of breath, impending doom, trembling, sweating

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### True or False

- Firearms are the most utilized method of suicide deaths.
- More Americans die by homicide than by suicide.
- About 90% of people who die by suicide have a diagnosable mental health and/or substance abuse challenge.
- Suicide is complex and not caused by any single thing, person, or event.
- Once a person has decided to take their life, there is very little you can do to stop them.
- People who die by suicide usually do not warn others.
- Once a person's emotional state improves, the risk of suicide is over.
- Males die by suicide almost less often than females.
- Mentioning the word suicide to someone who is struggling with mental health will put the idea in their head.

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### Truths about Suicide

- Recent research shows that for each death by suicide, 135 are exposed.
- Suicide is now the 2<sup>nd</sup> leading cause of death for youth ages 10 to 34, behind accidents.
- Someone's mother, father, daughter, son, friend, or colleague dies by suicide every 11 minutes in the US.
- Some attempts suicide every 27 seconds in the US.
- In 2019 in the US, 14,547 young people ages 10 to 34 died by suicide or about 31% of all suicide deaths.

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9 out of 10 people who die from suicide have a diagnosable mental illness or substance abuse issue.



Yet only 3 of those 10 people received any mental health services in the year they died.

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### Video about Suicide

Mayo Clinic:  
<https://www.youtube.com/watch?v=3BByqa7bhto> - Less than a 4 minute video done by youth talking about suicide prevention

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### U.S. Suicide Statistics (2019)

FACT	Entire Population	Youth (age 10 to 24)
No. of suicides	47,511	10-14 years old - 534 15-19 years old - 2,210 20-24 years old - 3,744 6,488
No. per day	130	16
Ranking	10 <sup>th</sup> cause of death	2 <sup>nd</sup> cause of death
Attempts	1 suicide death for every 25 attempts	1 suicide death for every 100 to 200 attempts

Taken from American Association of Suicidology 2019

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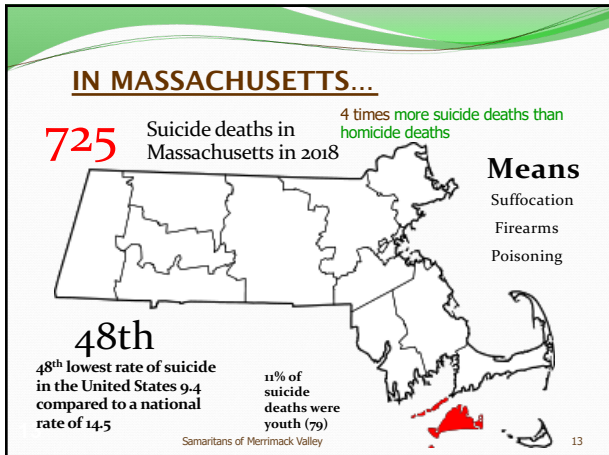
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### Risk Factors, Warning Signs and Protective Factors

Risk Factors	Warning Signs	Protective Factors
<ul style="list-style-type: none"> <li>Any attribute, characteristic or exposure of an individual that increases the risk of suicide.</li> <li>Factors that are more innate and less changeable.</li> </ul>	<ul style="list-style-type: none"> <li>Changes in behavior or the presence of new behaviors that may indicate risk for suicide.</li> <li>Transient, episodic, indicating more immediate risk.</li> </ul>	<ul style="list-style-type: none"> <li>Those personal, familial and interpersonal factors that contribute to a person's ability to maintain their health and well being.</li> </ul>

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### Risk Factors

Multiple factors may combine to lead to a suicidal crisis and can include:

- Being male
- Family history of suicide or mental health issues
- Previous suicide attempts/previous or current mental health disorders
- Abuse (physical, drug, domestic, etc.)
- Losses (family, friends, financial, work, etc.)
- Lack of support structures
- Poor help-seeking skills
- Access to means
- Aggressive or impulsive behavior
- Sexual minority youth
- Bullying
- Youth who engage in binge drinking or drug use
- Eating disorders
- Problems with family, friends, school, work, the law, has experienced a traumatic event

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## RECOGNIZE WARNING SIGNS

Is the behavior you or others are seeing very different for this person?

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## Warning Signs

<ul style="list-style-type: none"> <li>Changes in personality/appearance</li> <li>Physical Pain</li> <li>Depressed mood/stress/anxiety</li> <li>Persistent feelings of being trapped, sad/empty</li> <li>Concentration problems/indecision</li> <li>Persistent hopelessness</li> <li>Ongoing withdrawal/isolation</li> <li>Feeling of having no purpose</li> <li>Having trouble controlling negative thoughts/perspectives</li> <li>Preoccupation with the topic of death</li> <li>Extreme mood swings</li> <li>Anger Issues*</li> </ul>	<ul style="list-style-type: none"> <li>Fatigue</li> <li>Restless/agitated*</li> <li>Productivity at school declines</li> <li>Weight/sleep disturbances*</li> <li>Talk of feeling like a burden</li> <li>Sudden calmness after a period of depression</li> <li>Start/increase drug/alcohol use*</li> <li>Reckless behavior*</li> <li>Giving away prized possessions</li> </ul>
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\* more prevalent in men

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## Cause for Concern

- Have a recent severe loss (especially relationship) or threat of a significant loss.
- Experience drastic changes in behavior.
- Lose interest in hobbies, work, activities.
- Lose interest in their personal appearance.
- Give away prized possessions.
- Be unwilling to “connect” with potential helpers.
- Use or increased use of alcohol and/or drugs

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**WARNING SIGNS:  
NEED FOR IMMEDIATE ATTENTION**

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.
- Looking for ways to kill oneself by seeking access to firearms, available pills or other means.
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

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**WARNING SIGNS:  
NEED FOR IMMEDIATE ATTENTION**

If you see any of the 3 warning signs that need immediate attention **do not leave the person alone.**

Possible actions to take:

- Call 911
- Emergency Department
- Get help from a mental health professional
- Get another trusted person involved
- Open a dialogue. Ask about suicidal thoughts, plan, and means.

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**Non-suicidal Self-injury (NSSI)**

Studies show that anywhere between 17% to 30% of teens and young adults self-injure. While most people assume women self-injure more, general studies have shown equivalent rates for men and women. However, a difference in the method was noted. Women tend to cut whereas men are more likely to use hitting or burning.

**The most common methods of NSSI are:**

- Cutting, head banging, or burning.
- The reasons for NSSI vary but can include eliminating overwhelming negative emotions, obtaining relief from a negative feeling or mental state, induce a positive feeling state, or as self-directed anger.
- Some warning signs include unexplained frequent injuries including cuts or burns, low self-esteem, difficulty handling feelings, relationship problems or avoidance of relationships, scars, and wearing long sleeves in warm weather

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## Cultural Diversity

- Be aware of your own values and prejudices and how they may differ from others.
- Take into consideration not only cultural differences, but also religious, ethnic, gender, sexual orientation differences, generational differences as well as the age of the person with whom you are speaking.
- Learn about the population you are serving and gather information about how emotions are expressed, receptivity to outside counseling, their belief system around death, etc.

**Everyone is different!**

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## LGBTQ+ LGBT and Non-Binary

- LGB youth are 3 times more likely to think about suicide and 7X more likely to attempt suicide
- 40% of transgender adults have attempted suicide
- Trans males have the highest risk of suicide with 50% reporting an attempt in the past year
- Nonbinary teens have the 2<sup>nd</sup> highest rate with 42% reporting some kind of self-harm the previous year
- Suicidal behaviors in less than 10% of cisgender males and 17% of cisgender females
- Rejection and bullying may account for increased suicide rates for LBGTQ youth
- Those rejected by their family are 8.4 times more likely to attempt suicide than those who have family support and acceptance

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## Protective Factors

**Protective factors are those attributes that contribute to a person's ability to maintain their health and well being.**

- Sense of humor
- Support networks (friends, family, school)
- Problem solving skills
- Ability to express emotions
- Ability to ask for help
- Faith
- Sense of hope and optimism
- Sense of achievement/success/esteem/being needed
- Having access to and knowledge of resources for help

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## Protective Factors

- Things that help someone keep going
- Ability to overcome obstacles or challenges in life
- Sense of hope, optimism and future
- Personality characteristics
- Attitude towards problems
- Response to stressors
- Sense of purpose
- Being flexible/adaptable
- Connectedness to family, friends, community, and/or faith community

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## Risk Assessment

(This is not intended to replace a professional assessment.)

Has this person thought about suicide?

↓

Does this person have a plan as to how, when, and where they will die by suicide?

↓

Does this person have the means to die by suicide? i.e. access to a gun, pills, etc.

The more detail and thought that a person has indicated, the higher the risk. If someone is in imminent danger, call 911.

DO NOT LEAVE THE PERSON ALONE.

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Risk Level	Risk/Protective Factors	Suicidality	Possible Interventions
High	Psychiatric disorders w/ severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Medium	Multiple risk factors, few protective factors	Suicidal ideation with plan but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/ crisis numbers.
Low	Modifiable risk factors, strong protective factors Thoughts of death, no plan, intent or behavior	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give emergency/ crisis numbers

This chart is intended to represent a range of risk levels and interventions, not actual determinations. Jacobs (2007)

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## Means Restriction

- One study asked attempt survivors the amount of time between when they were in crisis and when they made the attempt. 24% (1 in 4) said less than 5 minutes. Another 24% said 5-19 minutes.\*
- Another study concluded that 9 out of 10 attempters said it was less than 24 hours.\*\*
- A study on impulsivity showed that 21% of youth 18-24 took their life the same day a suicidal crisis occurred.\*\*\*

\*Personal Communication, Thomas Simon, March 15, 2005  
 \*\*Deisenhammer, E.A., Ing C.M., Stauss, R. et al., Journal of Clinical Psychiatry, 2009  
 \*\*\*Miller (2007)

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## Talking with Someone at Risk of Suicide

- **SAY**
- Some people that are struggling like you are might consider taking their life.
- I'd rather go through this with you than lose you. Let's talk about how to keep you safe.
- Are you thinking of taking your life?
- **DON'T SAY**
- You're not thinking of taking your life, are you?
- Don't worry. You'll feel better in a few weeks.
- You're just being dramatic.

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## Talking with Someone at Risk of Suicide

- Let the person know that suicidal behavior or mental health issues are not a weakness or character flaw. Explain that if they had a heart condition, they would seek treatment. Mental health issues also need to be treated.
- Do not agree to confidentiality.
- If they have a plan, ask if they've told anyone else about it.
- If the person is suicidal, make arrangements for professional help. If the situation is life-threatening, call 911 or take them to an emergency room. Do not leave the person alone.

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## Talking with Someone at Risk of Suicide

- Use active listening skills, i.e., head nods, eye contact, etc.
- Use open-ended questions, i.e., questions that require more than a yes or no answer.
- State back in your own words what you have heard them say.
- Ask openly about suicidal ideation – “Someone going through what you're going through may think about taking their life. Are you planning to kill yourself?” You will not put the idea in their head.

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## Talking with Someone at Risk of Suicide

- If you don't feel as though you can handle a discussion about suicide, get somebody who can. Don't ignore the situation.
- Do not warn, moralize, preach, give advice or judge what the person is telling you. Validate what they are feeling.
- Listen to your gut. Don't rely on their promise or a safety contract.
- Ask about what they have to live for. What little changes could they make to make them feel better.
- Remember the 3 “H’s” – help, healing, hope.

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## Asking Questions About Suicide

**HISTORY**

- Has the person felt like this before?
- Has the person harmed himself/herself before?
- Has the person ever done anything to end their life but stopped?
- Have you or others seen a recent change or a change over time?
- Have there been any recent life changes (death of a loved one, retirement, illness, move to a new place)?
- Is there evidence of distress and a sense of hopelessness?



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## Asking Questions About Suicide

**INTENT**

- How serious is the intent to die?
- Extent to which the person
  - Expects to carry out the plan
  - Believes the plan/act to be lethal vs. self-injurious
- What are the person's reasons for living?
- What is the person's reason for wanting to die?



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## Asking Questions About Suicide

**PLANS**

- How much thought has the person put into devising a plan?
- How specific is the plan?
  - Timing
  - Location
  - Lethality
  - Availability
  - Preparatory acts
- What is the plan and what has the person done about it?

**MEANS**

- Does the person have access to the means to die available to them?



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## Vignette

Sarah, an 18 year old female, just completed her first semester of college which was much harder than she anticipated. She was a straight-A student in high school, but her grades for the first semester are 2 C's and one A and worries about her father's disappointment. Sarah and her high school boyfriend talk regularly to each other but he goes to a different college. Sarah says she has always been a worry wart but is finding it hard to get to sleep. Sarah says she has noticed that having a beer late in the evening seems to relax her. While she has been able to continue to attend church every week, she feels as though it's not helping.

Sarah's academic advisor sent her to the counseling center to see if having someone to talk to might help. She agreed to go once but doesn't trust mental health professionals since they were not helpful when her mother went to one. Sarah can't remember feeling so overwhelmed and pessimistic about things.

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## HELPING A FRIEND

If someone you know is exhibiting these signs, get them help.

<p><b>H</b> - Hopelessness</p> <p><b>E</b> - Easy access to means</p> <p><b>L</b> - Loss (of a loved one, a relationship, a job)</p> <p><b>P</b> - Previous attempt (s)</p> <p><b>I</b> - Inability to concentrate</p> <p><b>N</b> - Noticeable changes in appetite, sleeping, personal appearance</p> <p><b>G</b> - Giving away possessions</p>	<p><b>A</b> - Anger, anxiety</p> <p><b>F</b> - Family disruptions</p> <p><b>R</b> - Risk-taking behaviors</p> <p><b>I</b> - Ideation, talking about death or suicide</p> <p><b>E</b> - Erratic mood changes</p> <p><b>N</b> - No self-esteem, feeling worthless</p> <p><b>D</b> - Depression</p>
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## CALM-Counseling on Lethal Means

National Best Practice Training on how to effectively talk about removing lethal means from someone at risk (2 hours)

Audience: First Responders, Clinicians, Emergency Departments, Crisis Line Workers, Primary Care Providers, **Anyone!**

Free Training [www.sprc.org](http://www.sprc.org)  
<http://training.sprc.org/login/index.php>

Developed by Elaine Frank and Mark Cioca

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## Protocols

- The first 72 hours after a suicide event are the most chaotic and stressful for everyone involved.
- Having a plan in place before a suicide attempt, suicide threat, or hospitalization takes place can ensure effective and immediate response, reduce confusion and emotional turmoil, and provide assurance to people as to expectations, what to do, who should be doing it, etc.
- What is your protocol for students who say they have suicidal thoughts?

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### What You Can Do to Help

- Encourage access to mental health services, which often times are free and confidential
- Encourage social support offered by teachers, coaches, clergy, parents, PCP's, etc.
- Encourage connectedness to the school community, i.e., clubs, volunteering, etc.
- Talk about plans for the future
- Encourage physical activity, resiliency, and problem solving skills

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### What You Can Do to Help

- Offer to help them find a mental health professional to talk to. Let them know that sometimes it takes a few tries to find the right therapist.
- Check in regularly with the person to see how they are doing.
- If appropriate, talk with other people who know the person to see if they've noticed any risk signs or warning factors.

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### Treatments

Cognitive Behavioral Therapy (CBT) <http://www.nacbt.org/>, Rudd, Joiner & Rajab (2001)

Cognitive Therapy for Suicide Prevention (CT-SP) Brown, et al (2005)

Virtual Hope Box <https://msrc.fsu.edu/funded-research/improved-virtual-hope-box>

Dialectical Behavioral Therapy (DBT) Linehan (1998)

Motivational Interviewing Miller & Rollnick (2012), Zerler (2008)

My 3 App <http://www.my3app.org/>

Safety Plan <https://msrc.org/resources-programs/patient-safety-plan-template>

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### Crisis Help Lines

**If this is an emergency, call 911.**

- Samaritans of Merrimack Valley Crisis Help Line  
1-866-912-HOPE (4673) or (978) 327-6607
  - Call2Talk: 508-532-2255; 211  
text 741741 and type C2T
- National Suicide Prevention Lifeline  
1-800-273-8255 (press 1 for veterans)  
1-888-628-9454 (Spanish)
- Trevor Helpline for LGBTQ Youth  
1-866-488-7386

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### Websites

- Samaritans of Merrimack Valley: [www.stop-suicide.org](http://www.stop-suicide.org)
- MA Coalition for Suicide Prevention:  
[www.masspreventsuicide.org](http://www.masspreventsuicide.org)
- National Suicide Prevention Lifeline:  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- American Association of Suicidology: [www.suicidology.org](http://www.suicidology.org)
- American Association of Suicidology Clinician Survivor Task Force:  
[http://mypage.iu.edu/~imcintos/therapists\\_mainpg.htm](http://mypage.iu.edu/~imcintos/therapists_mainpg.htm)

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### Websites

- American Foundation for Suicide Prevention:  
[www.afsp.org](http://www.afsp.org)
- Virtual Hope Box: <https://msrc.fsu.edu/funded-research/improved-virtual-hope-box>
- My 3 App: <http://www.my3app.org/>
- Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)
- National Alliance on Mental Illness:  
[www.namimass.org](http://www.namimass.org)
- MindWise Innovations:  
<https://www.helpyourselfhelpothers.org>

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## Websites

- Find therapists of color:  
<https://www.innopsych.com/>
- Online therapy:  
<https://www.onlinetherapy.com/therapists/suicidal-thoughts/>
- Help Pro:  
<https://nrd.gov/resource/detail/18539143/HelpPRO+-+Therapist+Finder>

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## Self-Care

**We strongly recommend that staff be given the opportunity to debrief after working with an individual who may be at risk.**

**Taking care of yourself is important for any caregiver. Below are some suggestions to minimize the effects of stress:**

- Drink plenty of water, exercise and eat fruits and vegetables.
- Avoid the use of alcohol and caffeine.
- Talk with others. Avoid the tendency to isolate.
- Get plenty of rest.
- Write down your thoughts in a journal or poem.

I nurture myself so I can nurture others.

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## Self-Care

- Allow yourself to cry- it can feel like a release.
- Listen to music you enjoy or spend time outdoors.
- Take a hot shower or a bath.
- Meditate, do yoga, or some other form of self-relaxation.
- If you embrace religion, allow yourself time and space for reflection.

What do I do for self-care?

Get plenty of sleep	Tidy
Empty dishwasher	Walk
Cook	Read about people who have been most complicated
Sweep or clean (bath)	Garden
Text to support	Get a hug
Cuddly cats	Talk to other people
Walk or bike	

Samaritans of Merrimack Valley 48

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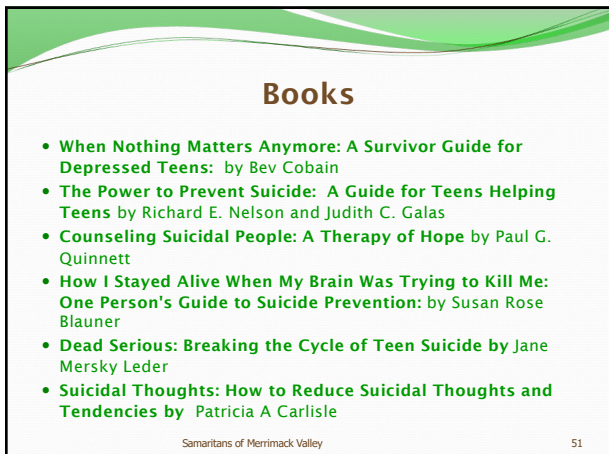
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**Contact Information**

Debbie Helms - Director, Samaritans  
978-327-6671 - [Dhelms@FSMV.org](mailto:Dhelms@FSMV.org)

Thank you for your attention.



Samaritans of Merrimack Valley

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