

# Suicide Prevention Awareness Session: Youth

## Maine Suicide Prevention Program

**In Partnership with NAMI Maine**

Education, Resources, and Support-It's Up to All of Us



# *Today's Program Will Cover*

- **Beliefs about suicide**
- **How to talk about suicide**
- **The facts**
- **Warning signs and risk factors**
- **Basic intervention skills to use with suicidal behavior**
- **Resources for help**
- **The aftermath of suicidal behavior**

## *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 that they want to take their own life, there's nothing we can do to stop them.
- If someone talks about suicide they don't need to be taken seriously.
- There are signs that we can look for that may indicate someone is considering suicide.

# *Our Words Reflect Our Beliefs*

**Preventing suicide starts with our comfort in acknowledging and talking about suicide**

**Preferred:**

Simply use the word

- “suicide”
- “died by/of suicide”
- “suicide attempt”

# Suicide in the United States, 2017

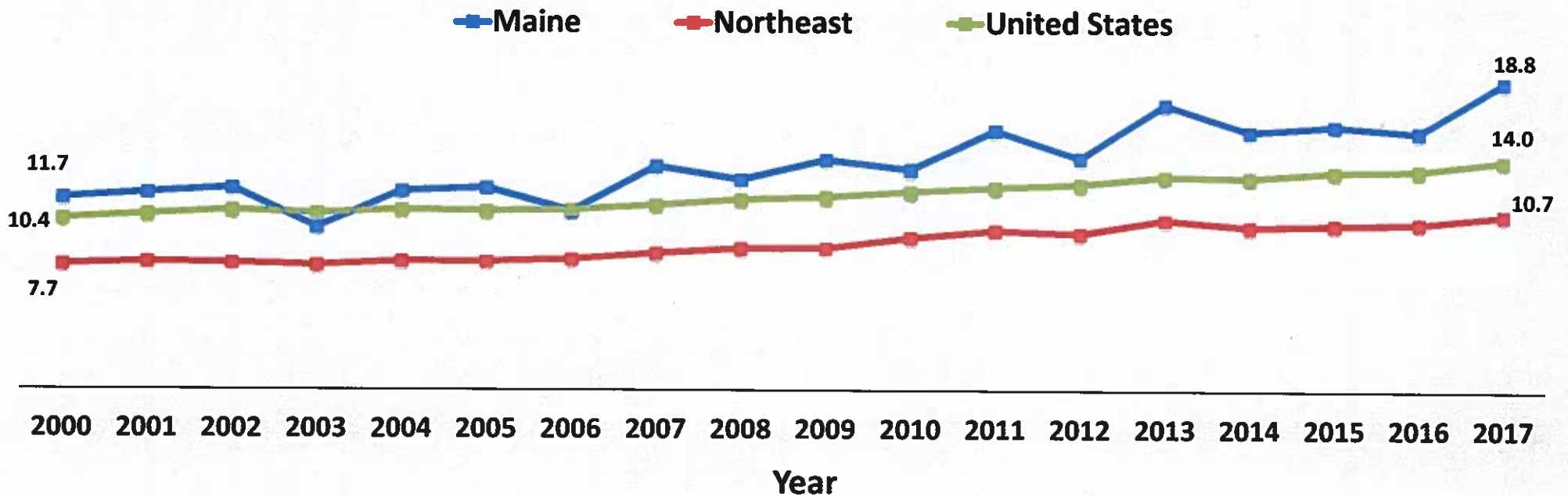
- **47,173** Americans died by suicide in 2017; about 1 person every 11 minutes<sup>1</sup>
- Suicide deaths are **2.4 times** the number of homicides (homicides=19,510) <sup>1</sup>
- **10th** leading cause of death across the lifespan<sup>1</sup>
  - **2nd** leading cause of death for **10-34** year olds
- Males account for **78%** of suicide deaths<sup>1</sup>
- Approximately 6000 Veterans die by suicide each year; accounting for **14%** of all suicides annually<sup>2</sup>
- Since 2009, suicides have **exceeded** motor vehicle crash related deaths<sup>1</sup>

1. U.S. CDC WISQARS Fatal Injury Data, 2017 update. Accessed March 2019; <https://www.cdc.gov/injury/wisqars/index.html>

2. 'VA National Suicide Data Report, 2005-2016' report, September 2018, U.S. Department of Veteran Affairs.

Since 2007, Maine has consistently had higher suicide death rates than both the U.S. and the Northeast.

**Suicide Death Rates: Maine, the Northeast and United States, 2000-2017**  
(age-adjusted rate per 100,000 population)



Data source: U.S. CDC WISQARS Fatal Injury Data, National Vital Statistics System (NVSS)

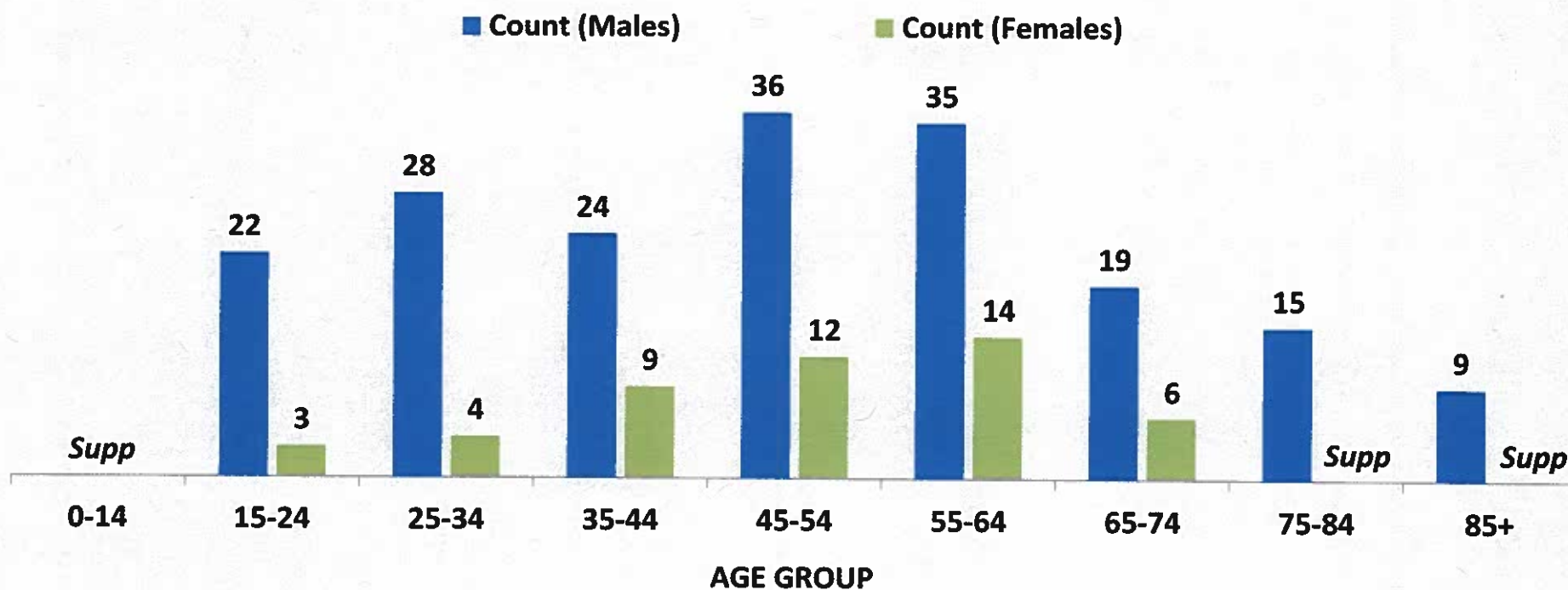
## Suicide in Maine, 2015-2017

- **9<sup>th</sup>** leading cause of death among all ages (previously 10<sup>th</sup>, 2012-2014)
- **2<sup>nd</sup>** leading cause of death ages 15-34
- **4<sup>th</sup>** leading cause of death ages 35-54
- Suicide deaths **10.5x** homicide deaths
- Every **1.5 days** someone dies by suicide in Maine
- **Every other week** a young person dies by suicide (ages 10-24 )
- **3** female attempts per every **2** male attempts<sup>2</sup>
- **245** suicide deaths per year on average
- **Firearms** most prevalent method of suicide (**53%**)



1. U.S. CDC WISQARS Fatal Injury Data, 2017 update. Accessed March 2019; <https://www.cdc.gov/injury/wisqars/index.html>  
2. Maine Hospital Inpatient Database, Maine Health Data Organization, 2013-2014.

# Average Annual Suicide Deaths, by Age & Sex, Maine, 2015-2017 (3 years combined)



Data source: US CDC WISQARS Fatal Injury Data, Rates for females ages 75-84 and 85+ suppressed due to fewer than 10 deaths.



# *Attempted Suicides*



**Attempted Suicides**



**Suicide**

# Attempted Suicides

Among youth  
**15-25 years old**  
there are:



suicide attempts  
for every:



death by  
suicide

Among adults  
**75+ years old**  
there are:



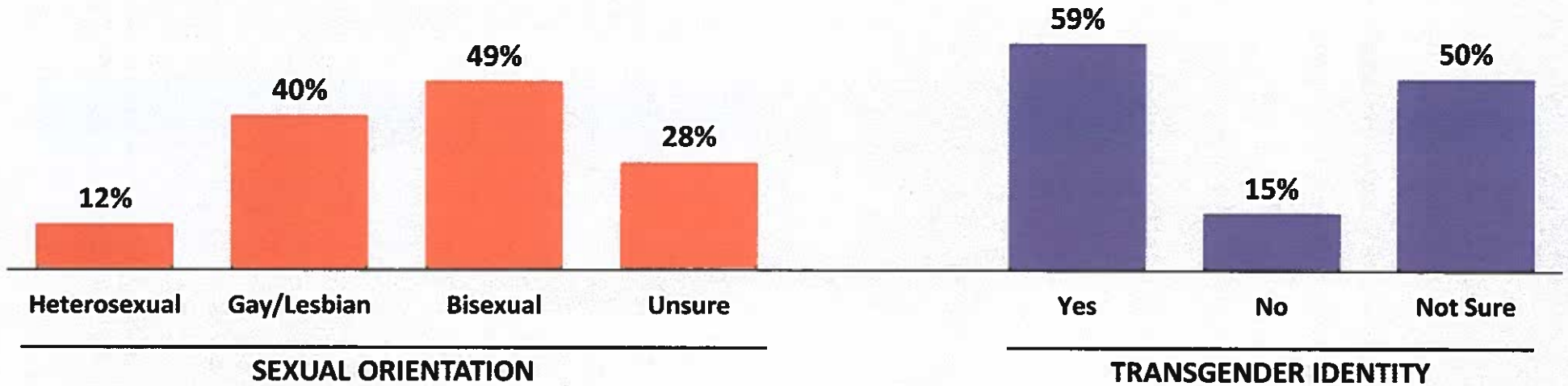
suicide attempts  
for every:

# *Non-Suicidal Self-Injury*

- Distinct from suicidal intent, and yet.....
- Those who self-injure are at higher risk for suicidal behavior
- Reasons for Self-Injury are many:
  - Release of tension and anxiety
  - Physical pain versus emotional pain
  - Euphoria; Brain chemistry
  - Self punishment
  - To affect change in others

# Gay/lesbian, bisexual and transgender students as well as those unsure of their gender identity are more likely to purposely hurt themselves.

**Self-injurious Behavior among Maine High School Students, by Sexual Orientation and Gender Identity, 2017**  
*(Students reporting at least one incident of self-injury without the intent to die in the past 12 months)*



Data source: Maine Integrated Youth Health Survey (MIYHS), 2017

## *More Information on Self Injury*

- May be the most predictive of future suicide risk
- Youth in Maine who report making a suicide attempt in the past year are at significant risk for self-injury
  - 24% of suicide attempters report occasional self-injury
  - 53% of suicide attempters report repetitive self injury
- Self-injury requires intervention and treatment to break the cycle
  - You need to be able to identify, assess and refer
  - Treatment requires expertise in self-injury

*Warning Signs*  
*Risk Factors*  
*Protective Factors*



# Definitions

**Risk Factors-** Stressful events or situations that may increase the likelihood of a suicide attempt or death. (Not predictive!)

**Protective Factors-** Personal and social resources that promote resiliency and reduce the potential of suicide and other high-risk behaviors.

**Warning Signs-** the early *observable signs* that indicate increased risk of suicide for someone in the near-term. (Within hours or days.)

## *Risk factors are found in different domains....*

**Family Risk Factors**

**Personal/Behavioral Risk Factors**

**Environmental/Social Risk Factors**

**What Are Some Risk Factors For Suicide?**



<b>Risk Factors</b>	<b>Long Term (Unchanging)</b>	<b>Long Term (Modifiable)</b>	<b>Triggers</b>
<b>Family</b>	<p><b>Family history of:</b></p> <ul style="list-style-type: none"> <li>• Suicide</li> <li>• Mental illness</li> <li>• Substance abuse</li> </ul> <p>Race Gender</p>	<p><b>Unrealistic parental expectations</b></p> <p>Abuse (emotional, physical, sexual)</p>	<p><b>Major family conflict</b></p> <p>Exposure to suicide of family member</p> <p>Anniversary of death</p> <p>Moving often</p>
<b>Personal Behavioral</b>	<p><b>Previous suicide attempt</b></p> <p>Loss through death, abandonment, divorce</p>	<p><b>Extreme perfectionism</b></p> <p>Mental illness</p> <p>Substance abuse</p> <p>Poor coping/social skills</p> <p>Impulsivity</p>	<p><b>Rejection</b></p> <p><b>Relationship break-up</b></p> <p>Current acute mental illness</p> <p>Severe stress/anxiety</p> <p>Isolation</p> <p>Increased use of substances</p>
<b>Social/ Environmental</b>	<p>Inconsistent, neglectful or abusive parenting</p> <p>Sexual orientation</p> <p>Gender identity</p> <p>Experience of repeated loss</p>	<p>Chronic severe stress</p> <p>Ongoing harassment</p>	<p><b>Bullying, Harassment</b></p> <p><b>Arrest/Incarceration</b></p> <p>Active suicide cluster in community</p> <p>Access to lethal means</p>

# ***The Influence of Social Media on Risk***

## ***Both Positive and Negative Impacts***

### **Positive**

- Support for marginalized populations
- Elimination of geographic barriers
- Suicide support groups/resources
- Online PSAs
- Partnering with suicide prevention programs

### **Negative**

- Virtual friendships vs. “real life” friendships
- Impact and risk of cyberbullying
- Media contagion
- Online videos-self injury and suicide
- Live-streaming

***How does social media help or hurt kids in your school?***

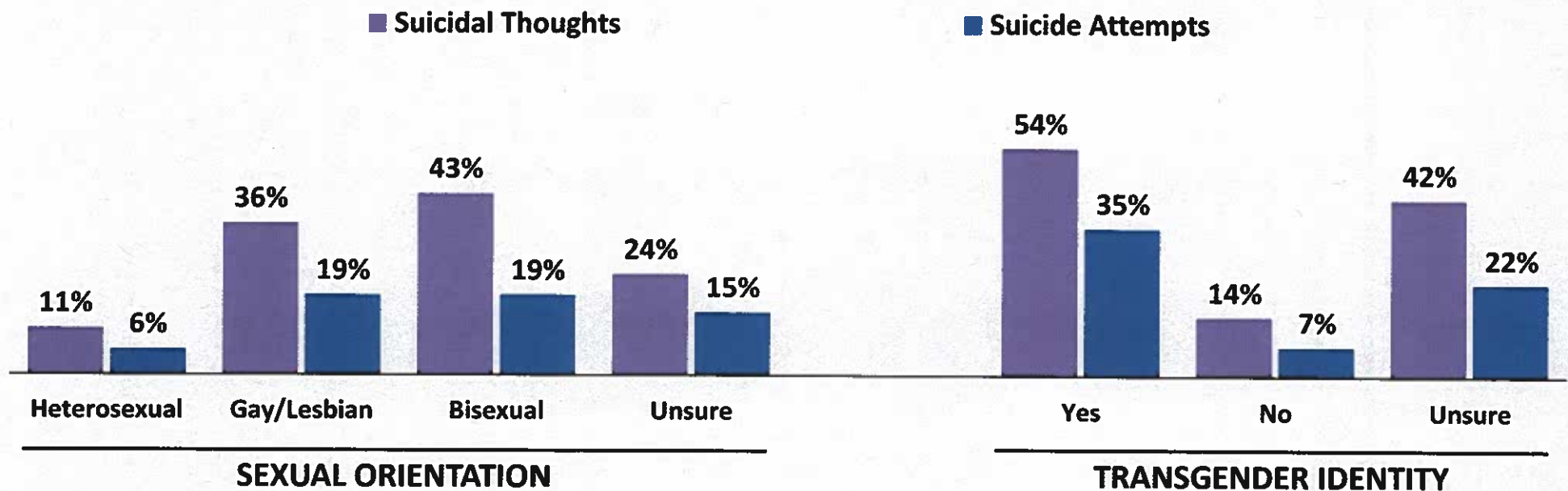
# *LGBTQ Youth/Young Adults*

- LGB suicide attempt rates 3-4 times their peers
- Transgender youth attempts 4-5 times their non LGBT identified peers
  - More lethal attempts
- Critical risk factors include:
  - rejection,
  - depression,
  - anxiety,
  - chronic stress,
  - Victimization: abuse, bullying, etc...
- Rejection by family can increase risk up to 8X
- Family acceptance and school safety are strong protective factors
- Cultural competence in school and provider community goes a long way

***What are you doing in your school or community?***

Gay/lesbian and bisexual students are more likely to consider and attempt suicide as well as students who are transgender or unsure of their gender identity.

Prevalence of Suicidal Thoughts and Attempts among Maine High School Students by Sexual Orientation and Gender Identity, 2017



Data source: Maine Integrated Youth Health Survey (MIYHS), 2017

## *Native Americans and Suicide*

- Suicide Rate is 17 per 100K for NA versus 12.1 for all US (2009-13)
- Maine 2004-2013, rate of suicide was 15
- Young adults age 20-24 overall rate is 38.43
- 2009-2013 **males**, age 20-24 rate was 58.7; the highest of any US group
- 2nd leading cause of death age 10-34
- Canadian coroner study showed wide variation in rates between tribal groups in BC

# *Native American Youth*

## **Risk:**

- Cultural distress, acculturation
- Historical trauma, boarding schools
- Family disruption, violence, abuse
- Substance abuse
- Discrimination-perceived and real

## **Protection:**

- Trauma and culturally informed prevention
- Family and community connections
- Spiritual connection & ceremony
- Strong cultural identity

# *Protective Factors*

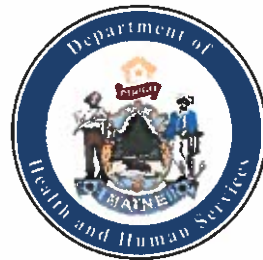
# *Protective Factors*

- **Skills** to think, communicate, solve problems, manage anger and other negative emotions,
- **Purpose & value** in life; hope for the future, pets, work/ life focus
- **Personal characteristics**- health, positive outlook, healthy choices, spirituality or religious belief
- **Supports**- parents, friends, mentors, and other caring adults
- **Safe Environment** – restricted access to lethal means; positive school climate



# *Warning Signs*

**These are changes in behavior or appearance that indicate someone is in crisis!**



## *Clear Signs Of A Suicidal Crisis*

1. Someone threatening to hurt or kill themselves
2. Someone looking for the means (gun, pills, rope etc.) to kill themselves; has a clear plan.
3. Someone showing signs of distress/ agitation/ anxiety

***Get the facts and take action!***

Call **911** if lethal means is present  
Call **Crisis Hotline** if no means present

# Warning Signs

- I** *Ideation / threatened or communicated*
- S** *Substance abuse / excessive or increased?*
  
- P** *Purposelessness / no reasons for living*
- A** *Anxiety / agitation / insomnia*
- T** *Trapped / feeling no way out*
- H** *Hopelessness / nothing will ever change*
  
- W** *Withdrawal from friends, family, society*
- A** *Anger (uncontrolled) / rage / seeking revenge*
- R** *Recklessness / risky acts / unthinking*
- M** *Mood changes (dramatic)*

# *Adolescent Warning Signs for Suicide*

## **Is the youth (up to age 20) :**

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavior or changes particularly in the presence of the above warning signs.
  - **Specifically:**
    - Withdrawal from or changes in social connections
    - Recent increased agitation or irritability
    - Anger or hostility that seems out of character or context
    - Changes in sleep (increased or decreased)

*AAS Consensus group, 2014*

# *Suicide in the Young ( under 15 y.o.)*

## **Warning Signs** (very similar to previous list):

- Change in usual behavior
- School refusal
- Risky behavior
- Talk of intent to die
- Self harm (may be seen as recurrent “accidents”)
- Verbal clues of suicidal thoughts

## **Risk Factors:**

- More than one mental health diagnosis & untreated MH concerns
- Early trauma or stressful events
- Negative school experience (bullying)
- Loss of early primary attachments (death, placement in foster care etc.)
- Internalizing distress vs. externalizing

***If a child mentions suicide (or not wanting to be around anymore)-take it seriously!!!!***

## *Keep Your Eyes and Ears Open*

### **Direct clues:**

- I wish I was dead
- I'm going to end it all
- I'm going to kill myself

### **Less Direct clues:**

- Life's just too hard
- You'd be better off without me
- What's the point?

## *From a Suicidal Person's Point of View*

- Crisis point has been reached
- Pain is unbearable
- Solutions to problems seem unavailable
- Thinking is affected

### **HOWEVER:**

- Ambivalence exists
- Communicating distress is common
- Invitations to help are often extended

# *Invitations to Help*

## **FEELINGS**

Desperate	Worthless
Angry	Lonely
Guilty	Sad
Worthless	Hopeless

## **THOUGHTS**

"All of my problems will end soon"  
"I just can't take it anymore"  
"I wish I were dead"  
"You'll be better off without me"  
"I can't do anything right"

## **ACTIONS**

Giving away possessions  
Withdrawal  
Abuse/use of substances  
Reckless behavior  
Extreme mood swings  
Increased impulsivity  
Self-injury (maybe)

## **PHYSICAL**

Lack of interest in appearance  
Changes in appetite, weight  
Change in sleep patterns



## *Why People Hesitate to Ask for Help*

- Unwilling to admit needing help
- Afraid to upset/anger others
- Unable describe their feelings/needs
- Unsure of available help or resources
- Struggling with symptoms of depression
- Don't know what to expect
- Shame, fear of stigma
- May prefer to confide in peers

# *Why People Hesitate to Help*

- Not sure about how severe the risk is; what if they're wrong?
- Worry about doing/saying the "right" thing
- Feelings of inadequacy
- Afraid to put the idea in someone's head
- Feel it's not "their issue"
- Bystander Effect



# *Intervention: A bridge to help*



# *What IS Helpful*

## **1) Show You Care—Listen carefully—Be genuine**

“I’m concerned about you . . . about how you feel.”

## **2) Ask the Question—Be direct, caring and non-confrontational**

“Are you thinking about suicide?”

## **3) Get Help—Do not leave him/her alone**

“You’re not alone. Let me help you.”

## *Practice Helpful Steps!*

### **Open handout...**

- Think up & write 1 or 2 phrases or ways that YOU would use to “show you care.”
- Write two other ways you might “ask the question” about suicide.
- List two ways you would assist someone to “get help” and name 2 resources.

# *Resources for Help*

**What are YOUR resources?**



## *School Resources (examples)*

- School Counselor
- School-Based Health Centers/Nurse
- Crisis Team Members
- School Gatekeepers
- Administration
- School Resource Officer
- Who else...?

# *When to Call Crisis*

- Crisis clinicians are:
  - Available 24 / 7
  - Clinicians can often come to your location for an assessment
  - Gatekeepers for admission into a hospital
- Call for a phone consult when you are:
  - Concerned about someone's mental health
  - Need advice about how to help someone in distress
  - Worried about someone and need another opinion
- The phone call is free

***1-888-568-1112***



# *Protocols for Addressing Suicide*

## **Protocols cover the following areas (at least):**

- Roles and responsibilities
- How can staff become informed following an event?
- How do we respond to a suicidal crisis?
- How do we access resources?
- Supporting someone's return to school/community after a crisis.
- How do we manage the aftermath of suicide?

# *After an Attempt or Suicide*

**Helping Families and School Communities Through Crisis**



## *After a Suicide Attempt...*

- **Initial focus is on safety**
- **Work to address reduction in crisis**
- **Safety planning for managing at home and in community**
- **For return to the school community after a crisis:**
  - Coordinate with the family
  - Who is the key support person
  - What do other people need to know
  - Offer hope and support
  - Encourage follow-through with treatment

**Attend to the needs of other affected students!**

# *Survivors of Suicide Loss*



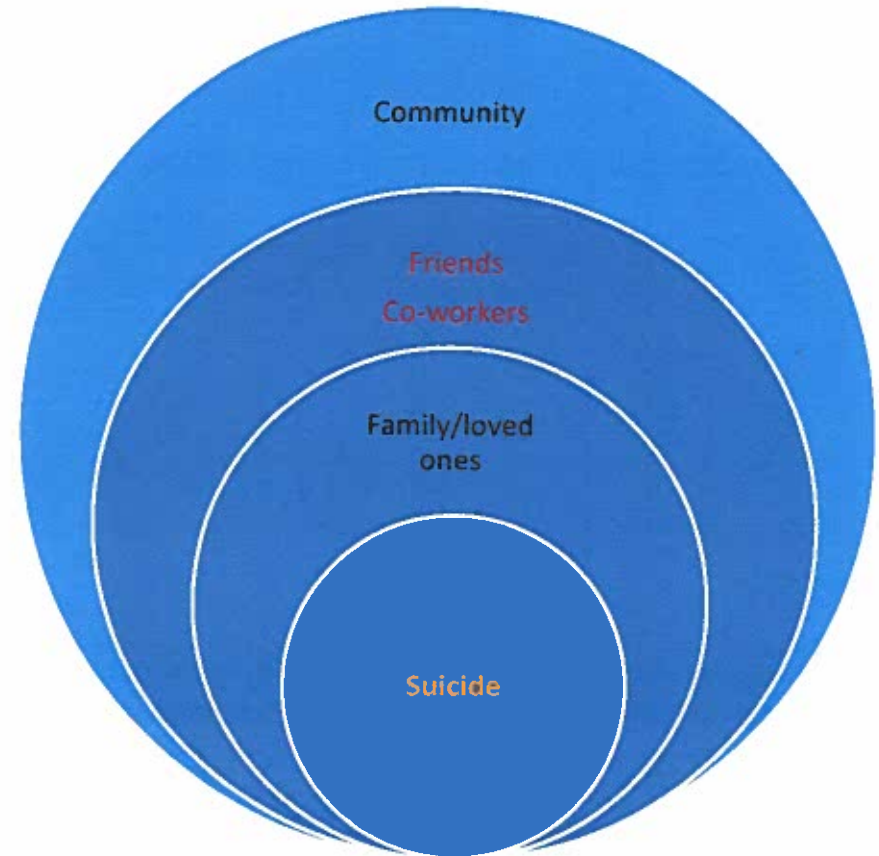
# *Effect of Suicide*

- The Loss is:

- Sudden
- Unexpected
- Premature
- Self-inflicted

- The Reaction is:

- Shock, hurt, anger
- Loss and grief
- Questions & torment
- Guilt and regret



## *Survivors of Suicide Loss*

- Struggle to make meaning of the loss
- Suffer from overwhelmingly complicated feelings
- May take a long time to grieve
- Need understanding and support
- Youth survivors have special issues
  - May undermine the sense of adolescent invincibility
  - May fear that it could happen to them
  - Be aware of any feelings of responsibility for the loss.

## *How YOU Can Be Supportive After a Suicide*

- Acknowledge the loss
- Use the name of the deceased
- Share your presence
- Share a special memory/story of their life
- Acknowledge the good things
- Stay in touch over time
- Recommend grief support counseling or support groups for survivors

## *Take Care of Yourself*

- Acknowledge the intensity of your feelings
- Seek support from colleagues, de-brief
- Share your feelings with family/friends
- Avoid over – involvement
- Know that you are not responsible for another person's choice to end their life



## *MSPP Contact Information*

- Training Program Inquiries: Nicole Foster, 207-622-5767 x 2310  
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- Greg Marley, Clinical Director 622-5767 x 2302  
[gmarley@namimaine.org](mailto:gmarley@namimaine.org)
- MSPP Program Coordinator: Sheila Nelson, 207-287-3856  
[Sheila.Nelson@maine.gov](mailto:Sheila.Nelson@maine.gov)

Before you leave . . . .

**Any Questions??**

**Thank you for learning about  
suicide prevention . . .**

