

Suicide Prevention for Christians in Social Work

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A little housekeeping before we start:

- Suicide is an intense topic for some people.
 - If you need to take a break, or step out, please do so,
 - Helpers practice self-care
 - Reach out for care
 - Resources
 - National Suicide Prevention Lifeline: 800 273 8255
 - Veterans Crisis Line: Press 1

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Overview

- Objectives
- Facts about suicide
- Myths/realities about suicide
- The steps of S.A.V.E.
- Resources & References

Objectives

By participating in this training you will:

- Have a general understanding of the scope of suicide within the United States
- Know how to identify a client that may be at risk for suicide
- Know what to do when you identify a client at risk

Suicide is a public health crisis...

- CDC: Everyone has a role to play in preventing suicide
 - It is not only the responsibility of “professionals”
 - Clergy, medical, mental health professionals
 - Police, first responders,
 - What are you doing to prevention suicide?
 - Christian workers role?
 - Well informed, trained, resources
 - Message of hope, belonging, purpose, fellow traveler
 - Social connectedness
 - What is not the Christian workers role?
 - Platitudes, quick fix, judgement, sin,

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Suicide: how big a problem is it?

- **More than 42,000** U.S. deaths from suicide per year among the general population^{1,2}
- Every **12.3 minutes** someone dies by suicide
- It is estimated that close to **one million people** make a suicide attempt each year
 - One attempt every **35 seconds**

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Who is at increased risk?

- Gender disparities
 - Women attempt suicide **3 times** more often than men¹
 - Men die by suicide almost **4 times** more often than women¹
- **Those who have experienced violence including: military, Veterans, child abuse, bullying, sexual violence**
- **History of suicide attempts, lack of problem solving skills, suicide in family**
- **LGBT, sexual minority**

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Who is at highest risk?

- Suicide is the **10th** leading cause of death in the U.S.³
 - *Homicide is 15th*
- The 2nd leading cause of death for ages 10-34
- The 4th for ages 35-54
- The 8th for ages 55-64

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Facts about Military/Veteran suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans⁴
- Veterans are more likely than the general population to use **firearms** as a means for suicide⁴
- On average, **764 suicide attempts** per month among Veterans receiving recent VA health care services⁵
- **25%** of Veteran suicides have a history of previous suicide attempts⁵

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Common myths vs. realities

Myth

Reality

If somebody really wants to die by suicide,
they will find a way to do it.

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Common myths vs. realities

Myth	Reality
<p>Making one form of suicide less convenient does not usually lead people to find another method. Some people will, but the overwhelming majority will not.</p>	

Death by Suicide is Preventable

Lethal Means Reduction
<ul style="list-style-type: none"> • Limiting access to lethal means reduces suicide <ul style="list-style-type: none"> -- e.g., Firearms, abundance of analgesic doses per bottle, etc. • How did we figure this out? <ul style="list-style-type: none"> -- e.g., Coal gas in the UK, placement of lethal items behind counters, fencing off bridges • 85-90% of people who survive a suicide attempt do not go on to die by suicide later.

Typical myths vs. realities

Myth:

Asking about suicide may lead to someone taking his or her life.

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Typical myths vs. realities

Reality:

Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.

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Typical myths vs. realities

Myth:

There are talkers and there are doers.

Typical myths vs. realities

Reality:

Most people who die by suicide have communicated some intent. Someone who talks about suicide provides others with an opportunity to intervene before suicidal behaviors occur.

Almost everyone who dies by suicide or attempts suicide has given some clue or warning. Suicide threats should never be ignored. No matter how casually or jokingly said, statements like, "You'll be sorry when I'm dead," or "I can't see any way out" may indicate serious suicidal feelings.

Typical myths vs. realities

Myth:

If somebody really wants to die by suicide, there is nothing you can do about it.

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Typical myths vs. realities

Reality:

Most suicidal ideas are associated with treatable disorders. Helping someone connect with treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

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Typical myths vs. realities

Myth:

He/she really wouldn't die by suicide because...

- he just made plans for a vacation
- she has young children at home
- he made a verbal or written promise
- she knows how dearly her family loves her

Typical myths vs. realities

Reality:

The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

S.A.V.E.

S.A.V.E. will help you act with care & compassion if you encounter a client who is in suicidal crisis.

The acronym “S.A.V.E.” helps one remember the important steps involved in suicide prevention:

- Signs of suicidal thinking should be recognized
- Ask the most important question of all
- Validate the person’s experience
- Encourage treatment and Expedite getting help

Importance of identifying warning signs

- Many people may not show any signs of intent to harm or kill themselves before doing so
- There are behaviors which may be signs that a person’s needs help
- Clients in crisis may show behaviors that indicate a risk of harming or killing themselves

Signs of Suicidal thinking: Risk Factors

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Physical illness

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Some more...

- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)

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Acute signs of suicidal thinking

- **The presence of any of the following signs requires immediate attention:**
 - Thinking about hurting or killing themselves
 - Looking for ways to die
 - Talking about death, dying, or suicide
 - Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons

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Veteran-specific risks

- Frequent Deployments to hostile environments (though deployment to combat does not necessarily increase risk).
- Exposure to extreme stress
- Physical/sexual assault while in the service (not limited to women)
- Length of deployments
- Service-related injury

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Asking the question

- Know how to ask the most important question of all...
- The Lighthouse project: Columbia Suicide Severity Risk Scale
 - Designed for clinical and non clinical, layperson, ED, first responders
 - Easy, quick
 - <http://cssrs.columbia.edu/>

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Asking the question

“Are you thinking about killing yourself?”

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Asking the question

- Are you thinking of suicide?
- Have you had thoughts about taking your own life?
- Are you thinking about killing yourself?

Asking the question

DO ask the question if you've identified warning signs or symptoms

DO ask the question in such a way that is natural and flows with the conversation

DON'T ask the question as though you are looking for a "no" answer

- "You aren't thinking of killing yourself are you?"

DON'T wait to ask the question when he/she is halfway out the door

Things to consider when talking with a person at risk for suicide

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Use open body language
- Limit questions-let the Veteran do the talking
- Use supportive, encouraging comments
- Be honest-there are no quick solutions but help is available

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Validate the person's experience

- Talk openly about suicide. Be willing to listen and allow the client to express his or her feelings.
- Recognize that the situation is serious
- Do not pass judgment
- Reassure that help is available

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Encourage treatment and Expedite getting help

- **What should I do if I think someone is suicidal?**
 - Don't keep the person's suicidal behavior a secret
 - Do not leave him or her alone
 - Try to get the person to seek immediate help from his or her doctor or the nearest hospital emergency room, or
 - Call 911
- **Reassure the person that help is available**
- **Call the National Crisis Line at 1-800-273-8255, Press 1**

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Encourage treatment and Expedite getting help

Safety Issues:

- **Never** negotiate with someone who has a gun
 - Get to safety and call police, security, or 911
- If the client has taken pills, cut himself or herself or done harm to himself or herself in some way
 - Call police, security, or 911
- Call the National SP Crisis Line at 1-800-273-8255, Press 1

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Encourage treatment and Expedite getting help

- Remember: When a client at risk for suicide leaves your facility, provide suicide prevention information to the them and his or her family
 - National SP number **1-800-273-8255**
 - National SP brochures and wallet cards

Prevention side – our work (SPRC)

- Major protective factors for suicide include:
 - [Effective behavioral health care](#)
 - [Connectedness](#) to individuals, family, community, and social institutions
 - [Life skills](#) (including problem solving skills and coping skills, ability to adapt to change)
 - Self-esteem and a sense of purpose or meaning in life
 - Cultural, religious, or personal beliefs that discourage suicide

Prevention side – our work (CDC)

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

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CDC – Technical Package (strategy) Macro, Mezzo, Micro

- Strengthen economic supports
- Strengthen access and delivery to suicide care
- Create protective environments
- Promote connectedness
- Teach coping and problem-solving skills
- Identify and support people at risk
- Lessen harms and prevent future risk

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Resources

- National Suicide Prevention Hotline
<https://suicidepreventionlifeline.org/>
 - Professional resources:
<https://suicidepreventionlifeline.org/professional-initiatives/>
 - Risk factors and warning signs:
<https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/>
- Suicide Prevention Resource Center: <https://www.sprc.org/>
- American Foundation for Suicide Prevention: <https://afsp.org/>



Resources

- National Center for the Prevention of Youth Suicide:
<https://www.suicidology.org/ncpys/resources>
- SAMHSA – Native American and Alaskan Tribe SP initiative:
<https://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>
- National Institute of Mental Health:
<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>
- Centers for Disease Control and Prevention:
<https://www.cdc.gov/violenceprevention/suicide/index.html>
 - Factsheet with technical package:
<https://www.cdc.gov/violenceprevention/suicide/fastfact.html>



Resources: Veteran/military

- **Make the Connection**
 - MakeTheConnection.net is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit www.MakeTheConnection.net to learn more.
- **Post-Traumatic Stress Disorder (PTSD)**
 - Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit www.ptsd.va.gov
 - PTSD Coach App: The PTSD Coach application, allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit www.ptsd.va.gov/public/pages/PTSDCoach.asp



References

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- ³Suicide Facts at a Glance. (2015). Retrieved August 1, 2016, from Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.PDF>
- ⁴U.S. Department of Veterans Affairs (2016). Suicide among Veterans and other Americans 2001-2014. Washington, DC: Office of Suicide Prevention. <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>
- ⁵Based on suicide/ suicide attempts reported within the VA Suicide Prevention Application Network (SPAN) during calendar year 2014.

