



# Northern Lakes

COMMUNITY MENTAL HEALTH AUTHORITY

## **Suicide Awareness and Prevention**

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# Trigger Warning

Please be advised: This presentation contains themes and content surrounding suicide which may be triggering to some individuals.

For more information or support please click on learn more:  
[Learn More](#)



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# Suicide Statistics



Nearly  
**46,000**  
people died by  
suicide in 2020



**1** death every  
**11** minutes

Many adults think about  
suicide or attempt suicide

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**12.2 million**  
Seriously thought about suicide

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**3.2 million**  
Made a plan for suicide

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**1.2 million**  
Attempted suicide

# Suicide Statistics

- The rate of suicide is highest in **middle-aged white men**.
- In 2020, **men died by suicide 3.88x more than women**.
- On average, there are **130 suicides per day**.
- White males accounted for **69.68% of suicide deaths in 2020**.
- In 2020, **firearms accounted for 52.83% of all suicide deaths**.

# Myths About Suicide

- ◆ Myth: If you talk about suicide, you're putting the idea of suicide into that person's mind and increasing their risk of ending their life
  - ◆ Reality: Talking opening about suicide lowers anxiety, opens up communication, and reduces the risk of harm
- ◆ Myth: People who talk about suicide or attempt suicide don't actually want to kill themselves – they just want attention
  - ◆ Reality: According to research, as many as 75% of people who die by suicide do or say something to indicate their state of mind and intentions before they act. It is not that they want attention. It is that they need support

# Risk Factors

## Health

- Depression
- Substance use problems
- Bipolar disorder
- Schizophrenia
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury

# Risk Factors

## Environmental

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic sensationalized account of suicide



# Risk Factors

## Historical

- Previous suicide attempt
- Family history of suicide
- Childhood abuse, neglect or trauma



# Protective Factors

Conditions or attributes in individuals, families, communities, or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities

- Access to mental health care, and being proactive about mental health
- Feeling connected to family and community support
- Problem-solving and coping skills
- Limited access to lethal means
- Cultural and religious beliefs that encourage connecting and help seeking, discouraging suicidal behaviors, or create a strong sense of purpose or self-esteem

# Warning Signs

## 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 Signs

## Behavior

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

- Increased use of alcohol or drugs
- Looking for ways 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 Signs

## 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

# What To Do When Someone Is At Risk

## Have an honest conversation!

- Talk to them in private
- Take them seriously
- Listen to their story
- Tell them you care about them
- **Ask directly if they are thinking about suicide**
- Encourage them to seek treatment or contact their doctor or therapist
- Avoid debating the value of life, minimizing their problems or giving advice

# Do's and Don'ts

- Be direct. Talk openly and matter-of-factly about suicide
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life
- Get involved. Become available. Show interest and support.
- Don't dare them to do it.
- Don't tell them "you don't want to do that..."
- Don't be sworn to secrecy. Seek support!

# How To Ask the Suicide Question

## Frame the question in empathy and compassion

- “ You know, sometimes when people are going through what you’re going through, they find themselves in unimaginable pain. Thoughts like, ‘I wish I could go to bed and not wake up in the morning’ enter their mind because their pain has exceeded their ability to cope.”

## Assume that suicide is “on the menu”

- “Sometimes when emotional pain is so intense people think about suicide. I’m wondering how many times suicide may have crossed your mind, even if just fleeting.”



# How To Ask the Suicide Question

## Use direct language

- It is **IMPORTANT** to use the direct language of “suicide” rather than “hurting yourself” because these are two very different questions.

# If the Answer is Yes.....

- ◆ Plan – do they have a plan for how they would end their life?  
“I know this is tough to share. You’re so brave for opening up. I’m wondering how you would end your life?”
- ◆ Means – Do they have what they will need to carry out their plan? “Thank you for being open and honest with me, that takes real courage. Do you have access to.....”
- ◆ Timeframe – Have they set a date and time to go through with their plan? “I want to help you stay safe, when do you plan to go through with your plan to kill yourself?”

# Strategies to Prevent Suicide



## Strengthen economic supports

- Strengthen household financial security
- Housing stabilization policies



## Strengthen access to and delivery of suicide care

- Coverage of mental health conditions in health insurance policies
- Reduce provider shortages in underserved areas
- Safer suicide care through system change



## Create protective environments

- Reduce access to lethal means among persons at risk for suicide
- Organizational policies and culture
- Community-based policies to reduce excessive alcohol use



## Promote connectedness

- Peer norm programs
- Community engagement activities



## Teach coping and problem-solving skills

- Social-emotional learning programs
- Parenting skill and family relationship programs



## Identify and support people at risk

- Gatekeeper training
- Crisis intervention
- Treatment for people at risk of suicide
- Treatment to prevent re-attempts



## Lessen harms and prevent future risk

- Postvention
- Safe reporting and messaging about suicide

# Resources

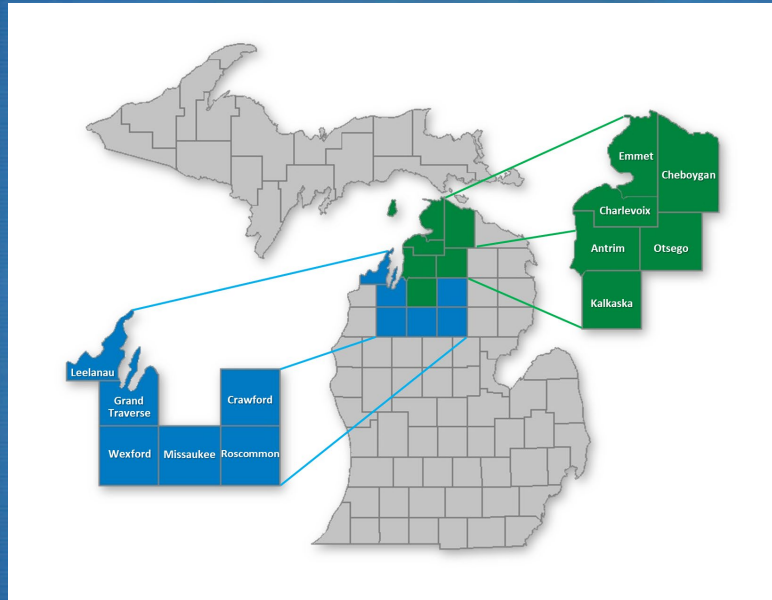
- ◆ NLCMHA 24/7 Crisis Line: 1-833-295-0616
- ◆ National Suicide Prevention Lifeline: 1-800-273-TALK
- ◆ 24/7 Crisis Text Line: Text HOME to 741741
- ◆ Grand Traverse/Leelanau Suicide Prevention Coalition
  - ◆ Contact Person: Nicole Dilloway 231-946-8975 ext 1040
- ◆ Crawford Roscommon Suicide Prevention Coalition
  - ◆ [Find them on Facebook!](#)

# Trainings

## Suicide Prevention Trainings

- 💧 Question. Persuade, Refer (QPR)
- 💧 safeTALK
- 💧 ASIST (Applied Suicide Intervention Skills Training)
- 💧 Working Minds

Free for our communities!



MyStrength Code  
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Any Questions?



# Recovery Is Possible!

