

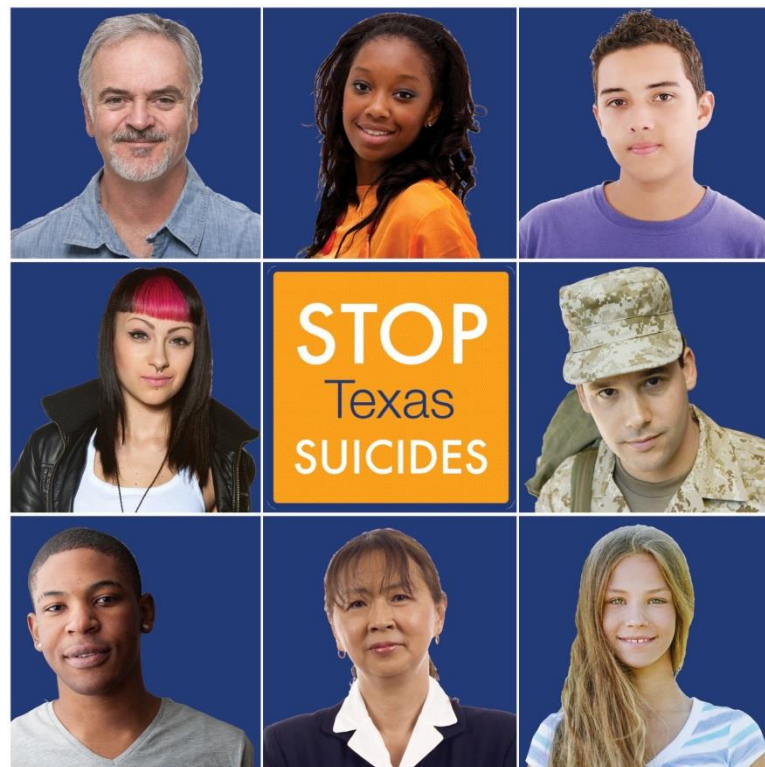
ask?

ask about suicide 
to save a life™

ASK ABOUT SUICIDE : To Save A Life

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For more information go to:
TexasSuicidePrevention.org



ASK: About Suicide To Save A Life

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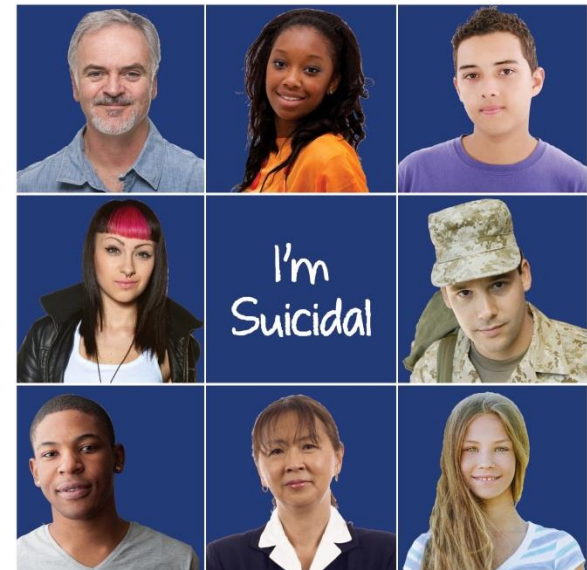
Background & Introductions: **Mike Hogan**, Past Chair, President's New Freedom Commission on Mental Health & **Toniya Parker**, Grant Coordinator, Medical and Social Services Division, Texas Health and Human Services Commission

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Zero Suicide in Texas (ZEST)

Best Practice Public Education, Outreach & Training

Texas Has a State Plan for Suicide Prevention

- Zero Suicide in Texas (ZEST) initial project partners included: Texas Department of State Health Services/Health and Human Services Commission, Mental Health America of Texas/Texas Suicide Prevention Council, Denton County MHMR and the Texas Institute for Excellence in Mental Health
- The Texas Suicide Prevention Council has 30 + local coalitions & 25+ statewide partners.
- A Majority of the Texas LMHAs have joined the Zero Suicide in Texas initiative
- MHAT & the Texas Suicide Prevention Council - policy education & website with state laws relating to suicide
- **Key Statutes:**
 - All school districts to have suicide prevention plan
 - Annual suicide prevention training for educators in public schools
 - Required mental health, substance abuse, and youth suicide in educator training programs
 - Entering college students to receive info on mental health & suicide prevention.

ASK Is A Gatekeeper Training Program

ASK About Suicide To Save A Life is a suicide prevention Gatekeeper Training Program to help people learn how to...

- ASK about suicide
- SEEK more information (& Keep **SAFE**)
- KNOW where and how to refer

ASK is a process to offer *HOPE* to help prevent a tragic loss of life and **NOT** a form of counseling or treatment

Statewide Best Practices

Training: (Best Practices Registry Status)

ASK Gatekeeper Training - in person & online certificate training (See STOP Texas Suicides Resources handout for other online & in person training)

CALM & CALM for First Responders – Counseling on Access to Lethal Means

16,000+ people in Texas have received Gatekeeper Training since 2005

These trainings and others - developed and adapted for special audiences that work with adults & youth at risk for suicide.

(Best practice based training information and links available at: <http://www.sprc.org/resources-programs>)

Each of Us Plays A Role In Preventing Suicide By Being A Gatekeeper

- Youth
- Parents
- Teachers
- Counselors
- Nurses
- Doctors
- Family
- Roommates
- Neighbors
- Faith Communities
- First Responders
- Law Enforcement
- Care Givers
- Friends & Acquaintances
- Mental Health Professionals

“Suicide prevention is everyone’s business”



A Gatekeeper Helps Prevent Suicide & Offers Hope

In Suicide Prevention, a gatekeeper refers to someone who:

- Knows basic info about suicide
- Believes that suicide can be prevented
- Learns basic suicide intervention skills
- Has the confidence to respond
- Can assist in the aftermath of a suicide or “postvention”

“It’s like mental health CPR”



To Get An Idea of the Magnitude of Suicide in the U.S., picture a High School football game where the stadium is nearly full.

(Note: Texas High School Stadiums average 4,000 fans)

Then picture 10 high school stadiums full of football fans for an illustration of the number of people who die by suicide each year in the United States.



Close to 42,000 people die by suicide each year in the United States.

What Do We Know About Suicide In TEXAS...

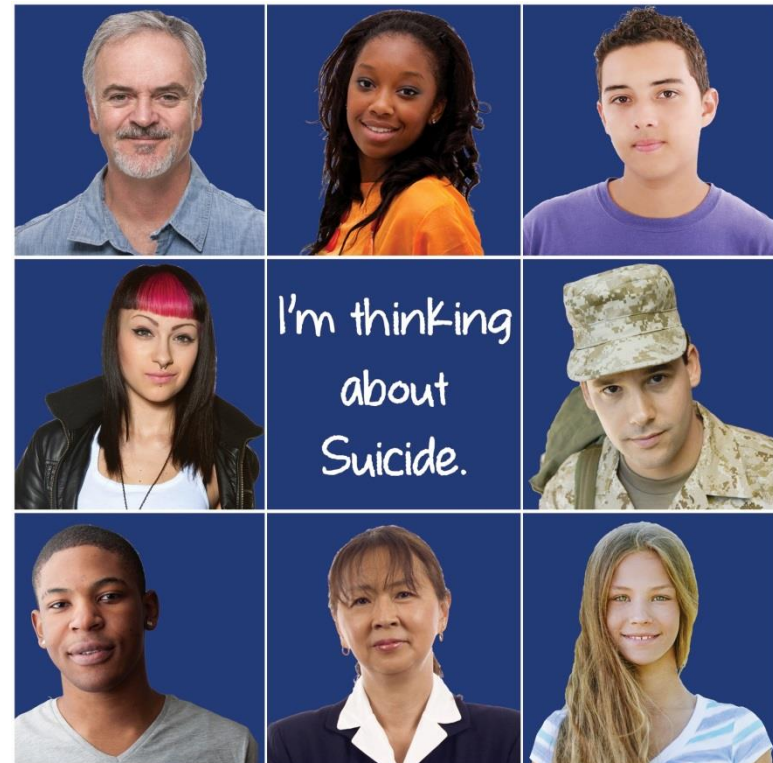
Number of deaths in Texas:

- 2,903 suicide deaths in 2010 , 3,047 in 2013 and 3,254 in 2014.
- 1½ times more suicides than homicides
- Highest rates in TX for seniors whereas highest rates nationally in middle ages.
- 2nd leading cause of death among older teens, college age youth and young adults (15-34 years)
- 3rd leading cause of death among young teens (10-14 years).

Although there is no one cause, 90% of those who die by suicide have an underlying mental health or substance abuse condition with depression being common. It effects nearly 20% of those with bipolar disorder and 15% of those with schizophrenia

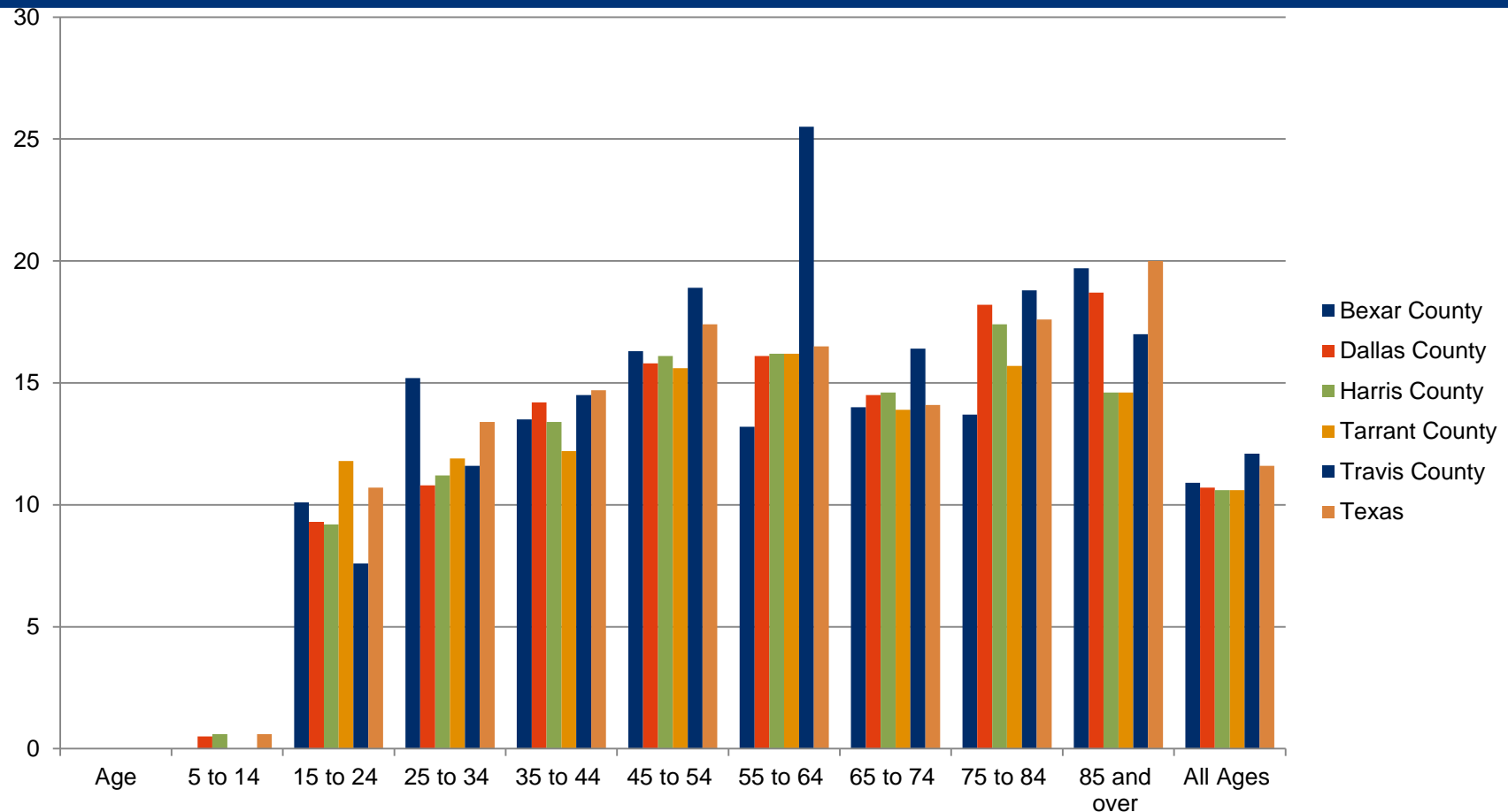
What Do We Know About Suicide ?

- **GENDER:** Across all ages, more males die by suicide and more females attempt suicide
- **ETHNICITY/CULTURE:** For youth, some of the highest self-reported attempts in the U.S. are among Latina female teens and the highest death rate for both teens and adults is for White males.
- **Note:** African American females have tended to have some of the lowest suicide death rates through the years....Why? Protective factors.



(Data from suicidology.org, WISQARS, and Texas DSHS searchable database <http://soupfin.tdh.state.tx.us/cgi-bin/death>)

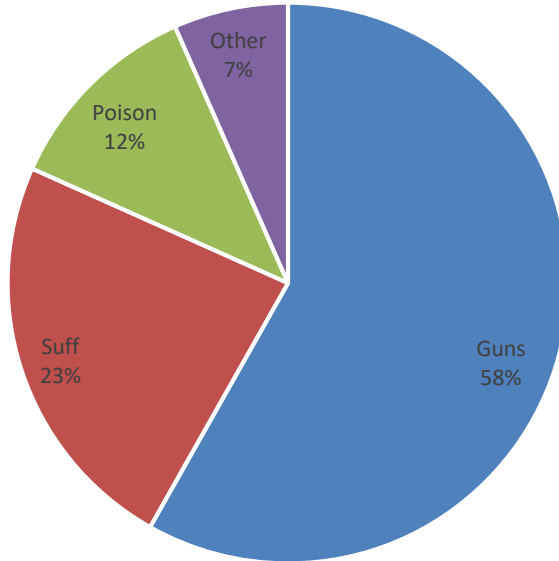
Suicide Rates in Major Metro Texas Counties By Age 2011, 2012 & 2013



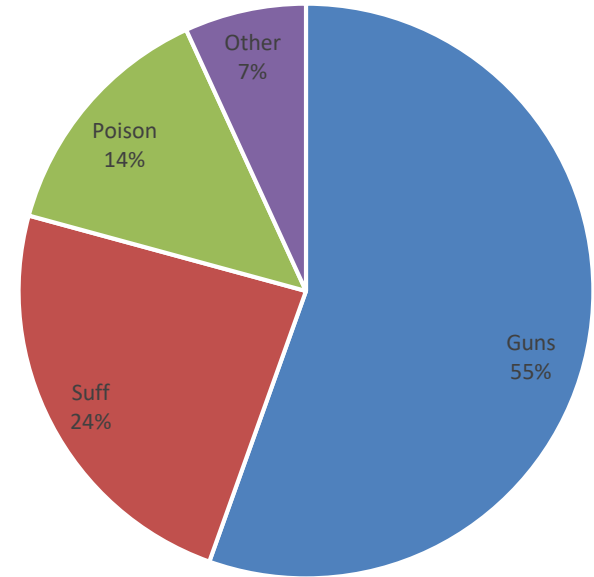
Tx DSHS/HHSC death statistics searchable database online. See directions to look up your county in Coming Together to Care: A Suicide Prevention Toolkit for Texas plus information on how to get the most recent data available.

Texas Suicide Deaths by Method

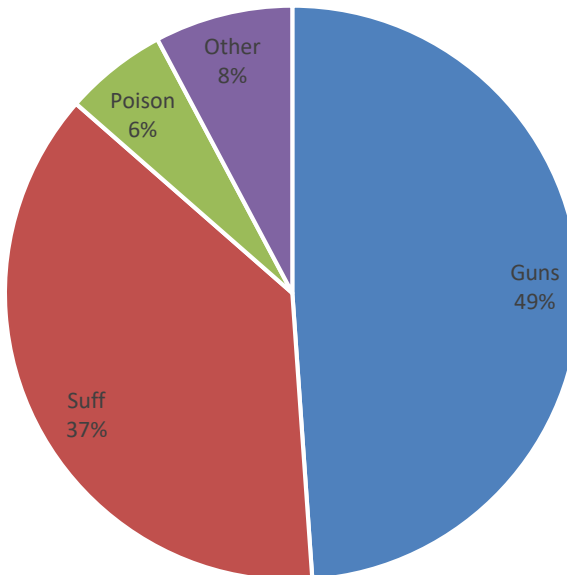
ALL Ages



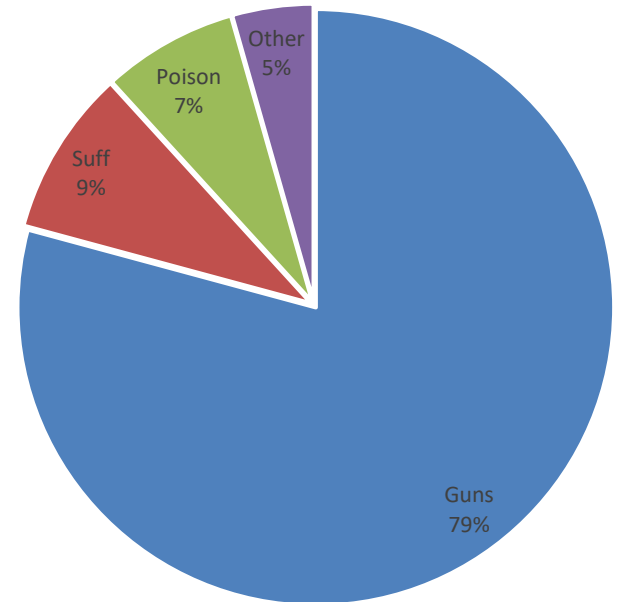
Age 25 - 64



Age 24 & Under



Age 65 +



What we know about suicide and special populations

Research on vulnerable populations identifies active duty military service men and women, veterans and their families, LGBTQ youth and certain other population groups such as those in criminal justice system, trauma survivors, and some professions exposed to trauma and/or having access to lethal means as being at higher risk for suicide, substance use disorders, and psychiatric illness.



What is the YRBS & What Does It Tell Us About Youth Suicide Attempts?

- Biennial survey of public high school students
- Completed on odd years only
- Done using paper and pencil surveys
- All self reported data (no measurements)
- All schools and classes are randomly selected
- Participation is voluntary on every level
- Parental consent is required
- Funded by a state/federal partnership
- Students/Schools/Districts are all anonymous

Data from : Jennifer Haussler Garing, MS, Center for Health Statistics, DSHS, "Adolescent Suicide: Results from the 2011 & 2013 Texas Youth Risk Behavior Survey."

Almost 1 in 3 students
felt depressed in the
past 12 months

Close to 1 in 5
students considered
suicide

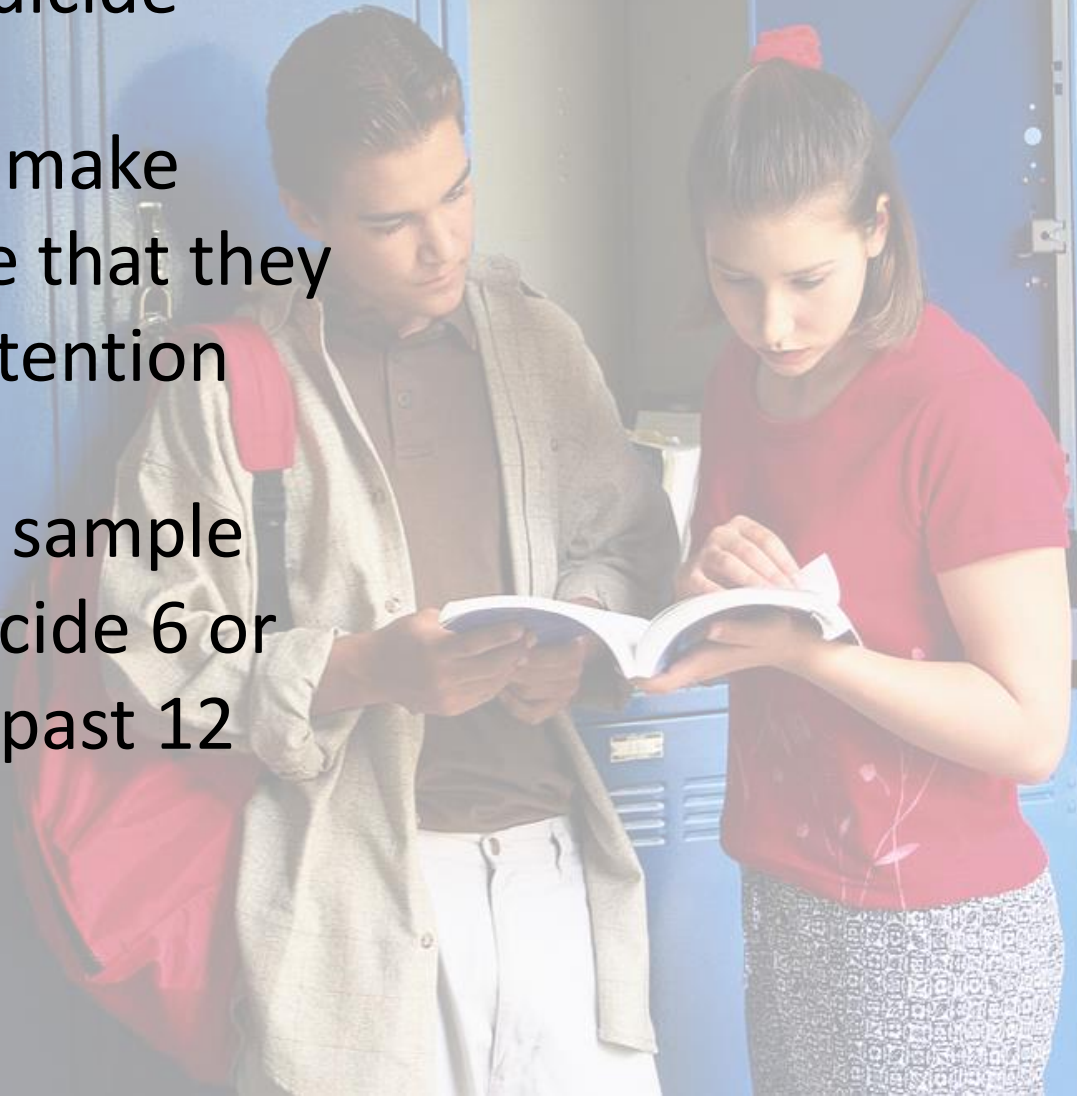
More than 1 in 6 made
a plan to die by
suicide




More than 1 in 10 students
actually attempt suicide

More than 1 in 30 make
attempts so severe that they
require medical attention

33 students in our sample
had attempted suicide 6 or
more times in the past 12
months



A photograph of an older man with grey hair and a woman with dark hair sitting on a wooden bench outdoors. The man is wearing a dark suit jacket over a light-colored shirt and blue jeans. The woman is wearing a dark top. They are both looking at each other and appear to be in a conversation. The background is filled with green foliage and some white flowers.

The Behavioral Risk Factor Surveillance System (BRFSS) collects state data about adult health-related behaviors & conditions.

Beginning in 2017, the Behavioral Risk Factor Surveillance System will include questions relating to suicide in Tx such as:

- 1) During the past 12 months, have you ever seriously considered attempting suicide?
- 2) During the past 12 months, did you ever actually attempt suicide?
- 3) Did any suicide attempt in the past 12 months result in injury that had to be treated by a doctor or nurse?

Epidemiology Summary

- Men more likely to die if they attempt and tend to use more lethal means such as guns
- Women more likely to attempt and tend to use less lethal means such as poisoning although guns are means most often used by both males & females
- Some characteristics indicate greater risk in some population segments
- Risk for suicide is prevalent throughout the population

What we DO know about suicide...

From a Public Health perspective, suicide is considered to be one of the most preventable of deaths IF

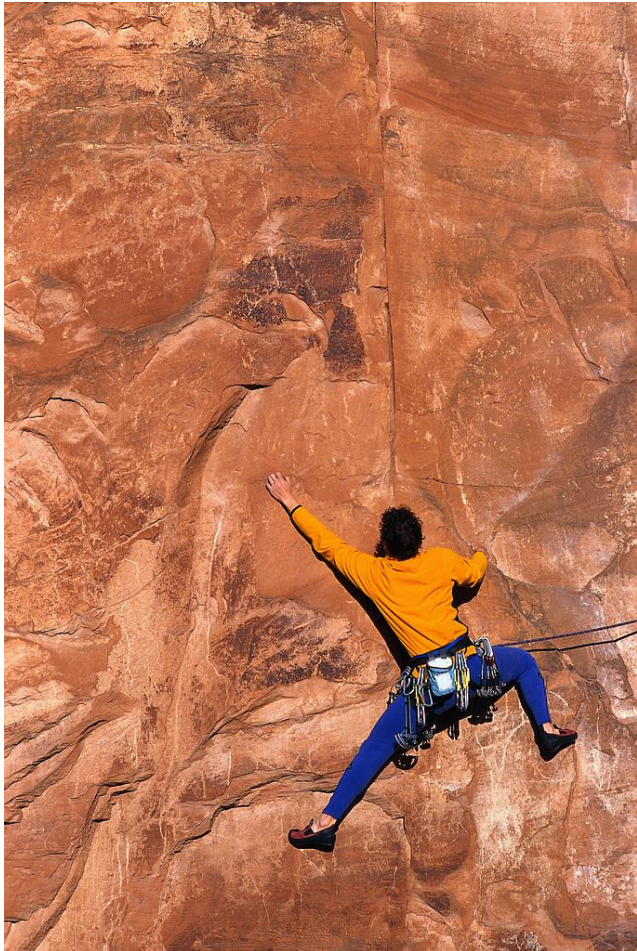
- We Recognize and Lower Risk Factors,
- Support Protective Factors
- Recognize Warning Signs and
- Are Trained and Ready to
 - Ask About Suicide
 - Seek More Information (and keep Safe)
 - And Know Where & How to Refer

A person is seen from behind, climbing a large, reddish-brown rock face. They are wearing a bright yellow long-sleeved shirt and blue pants. They are equipped with a climbing harness and a rope. The rock face is textured with various cracks and crevices. The person is positioned in the lower left quadrant of the image, reaching up with their right arm.

Risk Factors

Risk Factors are stressful events, situations, or conditions in a person's life that may increase the likelihood of attempting or dying by suicide.

Risk Factors: Bio-Psycho-Social



Biological & Psychological:

- Mental Illness
- Substance Use Disorders
- Hopelessness
- Impulsive or Aggressive
- Trauma/Abuse/Bullying
- Major Physical Illness
- Family history of suicide
- Pre-existing vulnerability (obese, GLBTQ, awkward, G&T...)
- Previous Suicide Attempt

Risk Factors: Mental and Addictive Disorders

Note: Biological & Psychological Factors, include:

- Mental and addictive disorders, often co-occurring, as the most powerful risk factors for suicide in all age groups
- Mental or addictive disorders are thought to be present in at least 90 percent of all completed suicides.
- Depression, bipolar and schizophrenia are disorders that have been found to have particularly strong associations with suicidal behavior.

Risk Factors: Social-Cultural

Social – Cultural

- Isolation and lack of social support (Bullying, GLBTQ, Gifted & Talented, Obese, others)
- Barriers to help seeking behavior (men, rural, military, law enforcement, others)
- Barriers to health and mental health care
- Cultural and/or religious beliefs that normalize suicide.



Risk Factors: Environmental

- Loss (Job or Financial)
- Loss (Relationship)
- Easy access to lethal means
- Exposure to clusters of suicide.



Protective Factors

(can act as “safety lines”)

“Protective factors are the positive conditions, personal and social resources that promote resiliency and reduce the potential for suicide as well as other high-risk behaviors.”



Protective Factors

- Effective clinical care for mental, physical and substance use
- Access to clinical interventions and support for help seeking
- Restricted access to highly lethal means of suicide
- Connections to family and community support
- Ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self preservation



When risk factors are high and protective factors are low, proximal risk factors (or stressors) can interact with a person's long term or underlying risks so that a person gets into a **"suicidal zone."**



The good news is, the period in the suicidal zone or the **heightened period of suicidality tends to be short term** (a matter of hours or days) so any intervention in this time period can save a life.

Direct Suicidal Communication or Behavior Emergent or Acute = High Degree of Risk

The **best practice registry** consensus statement lists two “levels” of warning signs

Emergent or Acute Risk includes:

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
- Talking or writing about death, dying or suicide

Other Warning Signs = Less Urgent, Moderate or Ongoing Risk

Feelings (5 Main Ones)

- No reason for living/no sense of purpose in life
- Feeling trapped, like there's no way out
- Hopelessness
- Dramatic mood changes (high or low)
- Anxiety/agitation

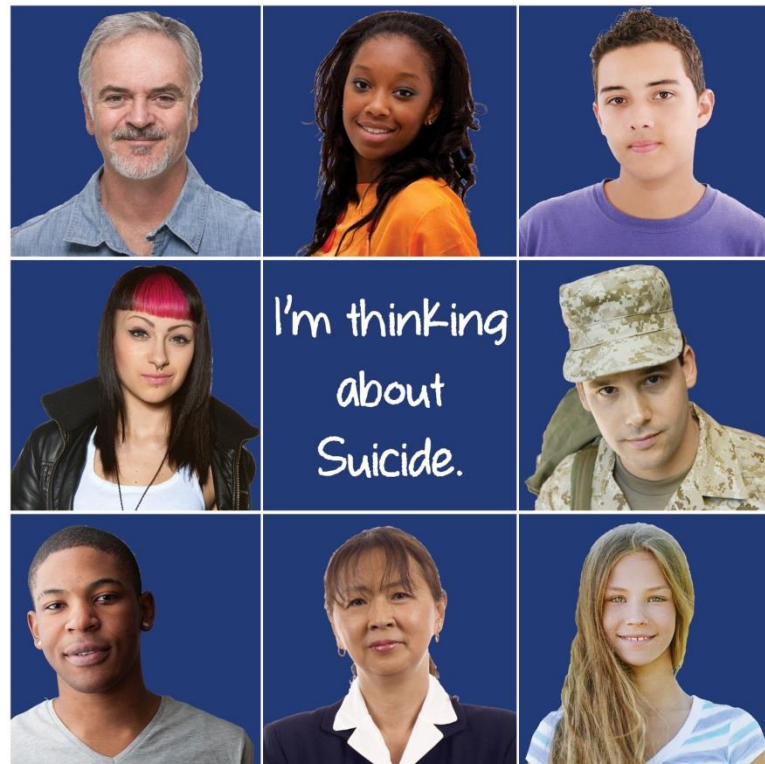
Behavior (5 Main Ones)

- Increased substance abuse
- Withdrawal from friends/family/society
- Rage/anger/revenge
- Reckless or Risky activities
- Unable to sleep or sleeping all the time

Direct Suicidal Communication or Behavior: Acute Risk - Take Immediate Action

HIGH RISK = TAKE ACTION NOW!

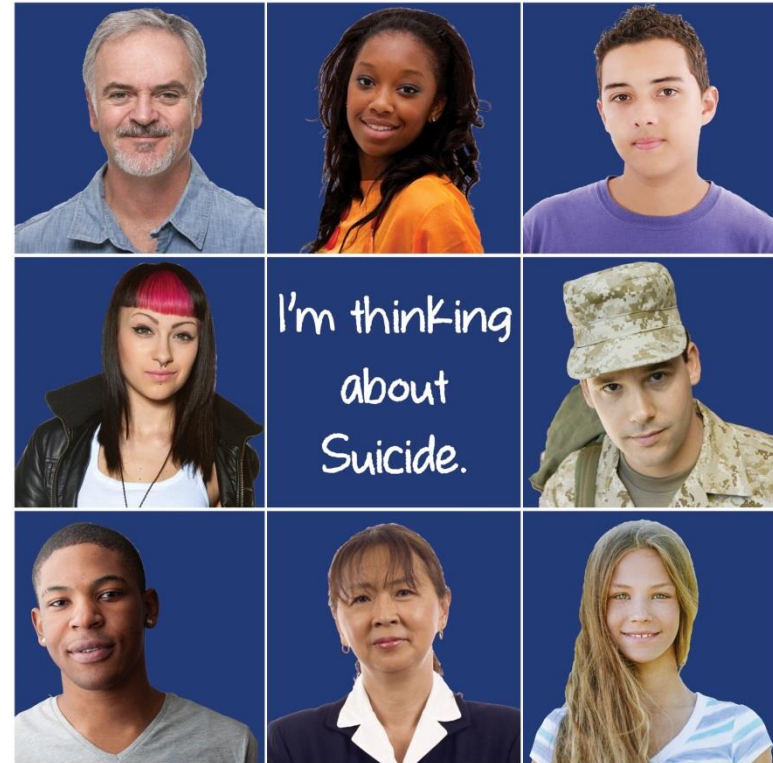
1. Take Immediate Action
2. Keep Safe / Do Not Leave Alone
3. Call 911 or seek Immediate help from a mental health provider at school or in community
(or call your mobile crisis outreach team, or take to nearest hospital emergency room)



Other Warning Signs = Less Urgent, Moderate or Ongoing

MODERATE/ONGOING RISK =

1. Take All Signs Seriously
2. Refer to a Mental Health Professional or
Call 1-800-273-TALK (8255) for
a referral



Look for Constellations of Signs

- Trust your instincts – if the thought of suicide crosses your mind, assume it has crossed the mind of the person you are talking to
- The higher the underlying risk factors, the lower the protective factors and the more warning signs shown or communicated, the higher the overall risk of suicide

Warning Signs Can be Communicated Verbally or Nonverbally

Direct and Indirect Verbal Signs

“I want to kill myself.” (Suicidal communication)

“I’ve been thinking about suicide.” (Suicidal communication)

“I just want out. I can’t take it anymore.” (Feeling trapped)

“I feel hopeless...it’s not worth living.” (Hopelessness)

“People would be better off without me.”
(Perceived burdensomeness)

“Sometimes I just want to go to sleep and not wake up.”
(Thoughts of death)

Warning Signs: Behavior

“Just leave me alone – I don’t want to leave my room.”

(Isolation)

“I can’t sleep and have been really wired for past few weeks!”

(decreased sleep) or

“All I want to do is sleep all the time” (Increased sleep)

“I just wish I could get back at the people who did this to me!”

(Rage & seeking revenge)

“I just want to stay stoned..... maybe forever.” (Substance Use Disorder)

“Do you know where I can get a gun?”
OR “Where does Mom keep her anti-anxiety pills” (Seeking access to lethal means)

“Please take my collection, I’m not going to need it anymore.” (Making plans by giving away prized possessions)

What can you do, when you hear suicidal language or suspect someone is suicidal

Take the following 3 steps:

1. ASK About Suicide
2. Seek More Information/ Keep Safe
3. Know Where and How to Refer
(Take action!)

Asking is the First Step in Saving a Life

REMEMBER

Asking about suicide does not put the thought of killing themselves in someone's head, but gives them a sense of relief that someone is finally hearing them and will LISTEN and offer hope.



Step 1: How to Ask About Suicide

Indirect

- Sometimes when people are sad as you are, they think about suicide. Have you ever thought about it?
- Do you ever want to go to bed and never wake up?

Direct

- Have you thought about suicide?
- Do you want to kill yourself?
- Are you thinking about suicide?

Step 1: How to Ask About Suicide

Don't Say

- You're NOT thinking of suicide, or you?
- You wouldn't do something really stupid, would you?

Be Aware

- Of your non-verbal cues.
- How you ask is not as important as ASKING itself. If you can't do it, find someone who can.

Step 2:

SEEK More Information & Keep SAFE

1. Seek a private area to talk
2. Seek to establish a relationship
3. Comment on what you see and observe non-judgmentally
4. Be curious about their perceived problem, find out how long they've thought about suicide, if they've attempted suicide in past and if tried to get help

Step 2:

SEEK More Information & Keep SAFE

5. Seek to find out if they are at immediate high risk of suicide (have a plan) (rehearsing it in their mind) and/or (have a gun, access to pills or other means) and take immediate steps to limit access to means and assure safety if YES.
6. Find out who and where they normally go to for help (family, friends, pastor, neighbor, roommate, girl/boy friend)
7. Find out if they have a regular doctor, mental health provider or counselor.
8. Be sure to be aware of your own non-verbal reactions and tone of voice!

Step 2:

SEEK More Information & Keep SAFE

- As you seek more information, help ensure the person's safety and inquire about access to lethal means such as firearms.
- As you seek more information, help ensure the person's safety and/or help them start to implement a safety plan.
- With immediate risk of suicide, Call 911 or get someone to the nearest hospital emergency room!

Step 2:

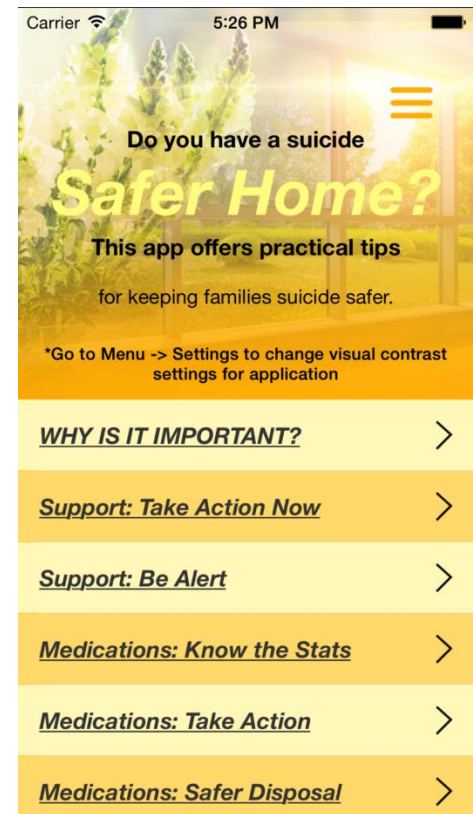
Safety Planning Resources

Formal Safety Plans focus on identifying coping strategies, peer and adult support and includes local and national suicide prevention resources and hotline numbers. They are developed collaboratively between the person at risk and their mental health professional.

- A sample safety plan is available from the Suicide Prevention Resource Center at the following link:
www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf
- An example of safety planning intervention can be found at the Texas Zero Toolkit: <http://sites.utexas.edu/zest>
- Extensive information on safety planning is on this website
www.suicidesafetyplan.com

STEP 2: Inquire About & Secure Access to Lethal Means

- The Suicide Safer Home App offers practical tips for parents and caregivers to secure access to lethal means of death by suicide.
- First responders, health, and mental health professionals can use this app for education and reference information. To download app, search “suicide safer home” in app store.



Step 3: KNOW

How and Where to Refer



- The third step in the referral process is to KNOW where to refer nationally, in Texas and in your area, your school or your community.
- Referrals should be to mental health professionals trained in suicide prevention best practices & aware of the need to treat the suicidality itself

National Suicide Prevention
Lifeline:
**1-800-273-TALK\1-800-273-
8255**

**SAVE A NUMBER TO SAVE A
LIFE**



Step 3: KNOW

Where to Refer in Texas and in Your Local Area

911 ♦ Hospitals ♦ Law Enforcement ♦ Mobile Crisis Outreach Teams

- In an immediate risk, call 911, your local police, campus police, or the sheriff's office or take the person to the nearest hospital emergency room. (Keep a list of nearest hospital emergency rooms in your referral card/sheet/smart phone.)
- **Note:** Many Texas law enforcement agencies have officers trained in mental health. You can ask for a mental health officer.
- **Note:** Many Texas communities have mobile crisis outreach teams—find out if there is one in your area and their contact number.

Step 3: KNOW

Where to Refer in Texas and in Your Local Area

Texas Crisis Line Options

All LMHAs in the State of Texas are required to provide a 24-hour crisis line for their service area (which may be a county or a region of counties) and these lines are required to be certified by the American Association of Suicidology.

To find the number of the crisis line closest to you, go to the DSHS/HHSC website and search crisis lines or go to **TexasSuicidePrevention.org** . You can also download the ASK And Prevent Suicide Smartphone app .

(Discuss local referral lists and/or action plans)

Resources, Referrals & Next Steps

National Suicide Prevention Lifeline

Suicide & Crisis Center for your area and/or Mobile Crisis Outreach Team

Police and Campus Police (ISD and Colleges)

Postvention & Media Guidelines

National Suicide Prevention Lifeline:
1-800-273-TALK\1-800-273- 8255
SAVE A NUMBER TO SAVE A LIFE



Resources , Referrals & Next Steps

- Follow the college or school district or agency policy for referral to outside agencies and emergency care of high risk students.
- Establish a referral network of public and private agencies and volunteer private counselors who might be called in to help as needed
- Consider forming local and/or regional and/or college and/or veteran
SUICIDE PREVENTION COALITIONS
- Consider establishing Memorandums of Understanding to Obtain and Share Timely Suicide Data
- Encourage all communities and school districts and agencies to have both a suicide PREVENTION AND POSTVENTION PLAN & share MEDIA GUIDELINES FOR REPORTING ON SUICIDE

YOU CAN SAVE A LIFE : Remember...

ASK about suicide

SEEK more information & Keep Safe

KNOW how and where to refer

Download the **ASK & Prevent Suicide App** from your App store!

Share Successful Intervention & Postvention Stories

Please Remember These Resources for Help

- Zero Suicide in Texas (ZEST) <https://sites.utexas.edu/zest/>
- The National Suicide Prevention Resource Center lists best practice programs & guidelines SPRC.org
- **TexasSuicidePrevention.org**
- Suicidology.org
- MHATexas.org
- AFSP.org
- Actionallianceforsuicideprevention.org



Mental Health Consumer Rights: 800-252-8154 in Texas
and 800-206-5760 outside Texas.

Audience Q&A

Information and questions from audience.

Questions shared at beginning and general questions?

A full-page background image of a sunset over the ocean. The sun is a bright orange orb on the horizon, with its light reflecting as a vertical streak on the calm water. The sky is a deep blue, filled with numerous small, fluffy clouds that are illuminated from below, giving them a golden-yellow glow. In the lower-left corner, the dark silhouette of a large cargo ship is visible on the horizon line.

*Together we can make a difference
in giving someone a Tomorrow.*

ask?

ask about suicide 
to save a life TM