

TALK
SAVES LIVESTM
An Introduction to Suicide Prevention

afsp.org/TalkSavesLives





Suicide
is a **health**
issue.

Suicide is a complex health issue.



Suicide
can be
prevented.



Scope of the Problem



Research



Prevention



What You Can Do

The purpose of Talk Saves Lives is to provide community members with a general overview of what suicide is, who it affects, what we know about it and what can be done to prevent it.

This presentation will cover some statistics to give you an idea of the scope of the problem of suicide.

We will review some key research findings, including the risk and protective factors that relate to suicide.

And we'll talk about what works and what we can all do to prevent this leading cause of death.



How we talk about suicide matters.

How we talk about suicide matters.

Before we get started, I want to go over terminology that is used when we talk about suicide. It is important to model appropriate language so that we do not perpetuate the stigma of suicide or mental health conditions.

Language Do's and Don'ts

Avoid

"Committed suicide"

"Failed" or "successful" attempt

Say

"Died by suicide"
"Ended his/her life"
"Killed himself/herself"

"Suicide attempt" or
"death by suicide"



Scope of the Problem

Suicide is a significant issue that affects individuals, families and communities worldwide.
So let's start with some statistics that demonstrate the **scope of the problem**.

SCOPE OF THE PROBLEM



Over **800,000** people die by suicide each year.

Suicide is a global problem.
According to the World Health Organization, each year, over 800,000 people die by suicide worldwide.
While this is the most accurate data available, we estimate the numbers to be higher – as it is likely that suicide is underreported in many countries.

SCOPE OF THE PROBLEM



Someone dies by suicide every **40 seconds**.

That works out to a suicide every 40 seconds worldwide.

SCOPE OF THE PROBLEM



In the U.S. suicide is the **10th leading cause of death.**

In 2016: **44,965** people died by suicide.

SCOPE OF THE PROBLEM



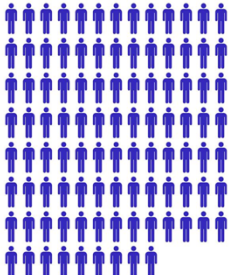
For every suicide...

25 others attempt.



For every death by suicide...
It's estimated that 25 others attempt.

SCOPE OF THE PROBLEM



Suicide impacts **individuals** and **communities.**

When you think about any loss, it impacts many people in the community. Suicide is no different. The loss affects family, friends, coworkers, neighbors, schools, faith communities, etc.

It is estimated that the **majority** of Americans will experience a suicide loss over the course of their lifetime.

SCOPE OF THE PROBLEM



Suicide has an economic impact.
\$69 billion per year in the United States.

In addition to the devastating toll that suicide has on families and communities – both emotionally and socially – there is a fiscal impact on our society as well.

The Centers for Disease Control and Prevention estimates that for the year 2016, suicidal behavior (including both suicide attempts and suicide deaths) cost the United States \$69 billion, costs due primarily to lost wages and productivity.



Research

So let's move on to research.

Only in the past several decades have scientists been studying suicide. Research is shedding light on many critical areas, and we still have more to learn.

This section provides an overview of suicide prevention research, key research findings, and future goals in the field.

RESEARCH




Why do people take their own lives?
 There is **no single cause**, but rather multiple intersecting factors.

One of the main questions research explores is: why do people take their own lives?

Through research we have learned that there is no single cause for suicide. Suicide most often occurs when several stressors and health issues converge to create an experience of hopelessness and despair.

RESEARCH



The large majority of people who die by suicide have a mental health condition contributing to their death.

Research has consistently shown that the large majority of people who die by suicide have a mental health condition at the time of their death.
It may or may not have been diagnosed or adequately treated.


RESEARCH



1 in 4 people will experience a mental health condition, and most **do not** go on to **die** by suicide.

That said, research has also made clear that mental health conditions cannot be the whole story.
Mental health conditions are common, and the vast majority of people who suffer from these illnesses do not die by suicide.

RESEARCH




Physical Differences

The brains of people who die by suicide **differ** from those who die from other causes in both **structure** and **function**.

In addition to mental health conditions, there are many other factors that increase risk as well.
We've learned that the brains of people who die by suicide differ from those who die from other causes in terms of structure and function, specifically in the areas related to stress response and impulse-control.

RESEARCH



Most people who are suicidal are ambivalent about taking their life.

We've also learned that most people who are suicidal are ambivalent about taking their life: part of them wants to live, part of them wants to die.

This research has informed key strategies in suicide prevention that involve engaging the part of the person that wants to stay alive and helping to create distance from the part of them that wants to die.

One way we do that is to help the person connect with reasons for living while at the same time, decreasing the visibility and presence of things around them that may facilitate their desire to die.

RESEARCH



The Perspective of a Suicidal Person

- **Crisis** point has been reached
- Desperate to escape **pain**
- Thinking becomes **limited**

RESEARCH



Who is at **risk**?

Research has also helped determine the key factors that increase the risk for suicide.

RESEARCH

Risk Factors



A Venn diagram consisting of three overlapping circles. The top-left circle is yellow and labeled 'Health'. The top-right circle is red and labeled 'Historical'. The bottom circle is blue and labeled 'Environmental'. The circles overlap in the center and at the intersections.

RESEARCH

Health Factors

Mental health conditions:

- Depression
- Personality disorders
- Bipolar disorder
- Psychosis
- Anxiety disorders
- Substance use disorders



A yellow silhouette of a human head in profile, facing left. Inside the head, a white brain is visible.

RESEARCH

Other Health Factors

- Serious or chronic health conditions
- Chronic pain
- Serious head injuries

Mental health conditions are not the only health factors that are associated with suicide risk. Serious or chronic health conditions can increase risk, especially when the person also has mental health issues. Chronic pain and serious head injuries have also been found to increase suicide risk.

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A stylized graphic featuring a yellow heart shape with a white brain silhouette inside it. The heart and brain are partially overlapping.

RESEARCH

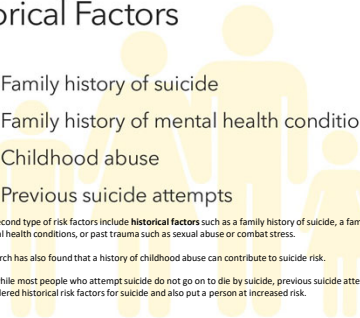
Historical Factors

- Family history of suicide
- Family history of mental health conditions
- Childhood abuse
- Previous suicide attempts

The second type of risk factors include **historical factors** such as a family history of suicide, a family history of mental health conditions, or past trauma such as sexual abuse or combat stress.

Research has also found that a history of childhood abuse can contribute to suicide risk.

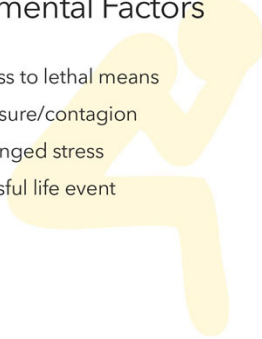
And while most people who attempt suicide do not go on to die by suicide, previous suicide attempts are also considered historical risk factors for suicide and also put a person at increased risk.



RESEARCH

Environmental Factors

- Access to lethal means
- Exposure/contagion
- Prolonged stress
- Stressful life event



RESEARCH





What others see: 

What they may not know:

 Genetic risk	 Depression
 Prolonged stress at work	 Drinking more than usual

RESEARCH

The Importance of Research

 Biomarkers	 Interventions
 Psychotherapies	 Medication



Prevention

Now that we have a better understanding of the scope of the problem of suicide and the key research findings, including risk factors, this next section will focus on prevention.

We will discuss:
The different types of protective factors, with a focus on mental health;
The importance of engaging in self-care;
The need to provide support for suicide loss survivors and those with lived experience; and
The critical prevention strategy of limiting access to lethal means.

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PREVENTION


Protective Factors

- Mental health care
- Family and community support
- Problem-solving skills
- Cultural and religious beliefs



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PREVENTION



Mental health care is an important ingredient for preventing suicide.

Notes:
Because **mental health care** is so important for preventing suicide, we are going to focus on this topic for the next few minutes.
Getting effective treatment for mental health conditions like depression or anxiety can prevent suicide.

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PREVENTION

Protective Factors



- Mental health care
- Family and community support
- Problem-solving skills
- Cultural and religious beliefs

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PREVENTION

Being Proactive About Mental Health




Make mental health a priority.

- See a doctor or mental health professional
- Get an evaluation
- Discuss treatment options
- Find what works best for the individual

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PREVENTION







The law requires insurance plans to cover **mental health** services the same as **physical health** services.

The good news is that advocacy efforts are improving access to mental health services so that more people can get the treatment they need. The law now requires insurance plans to cover mental health services on par with physical health services. If we need mental health services, and one out of four of us will at some point, we should get treated and get our health back on track faster.

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PREVENTION

Self Care Strengthens Mental Health

 Exercise	 Healthy diet
 Sleep	 Stress management

PREVENTION

Support for loss survivors and those with lived experience.



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PREVENTION



The most important thing you can put between a suicidal person and their way of ending their life is **time**.

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PREVENTION





Limiting access to means prevents suicide.

In most cases, when a suicidal person doesn't have current access to the means that has been on their mind, they don't substitute with another method.
Therefore, a clear way to prevent suicide is to limit access to lethal means.

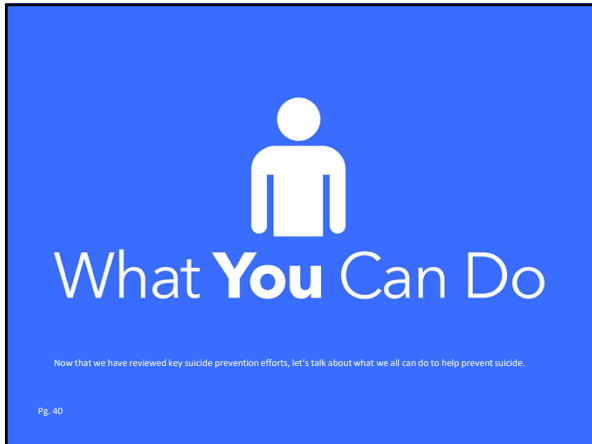
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PREVENTION

Limiting Access to Means

 CO sensors in cars	 Barriers on bridges
 Blister packaging for medication	 Secure firearms

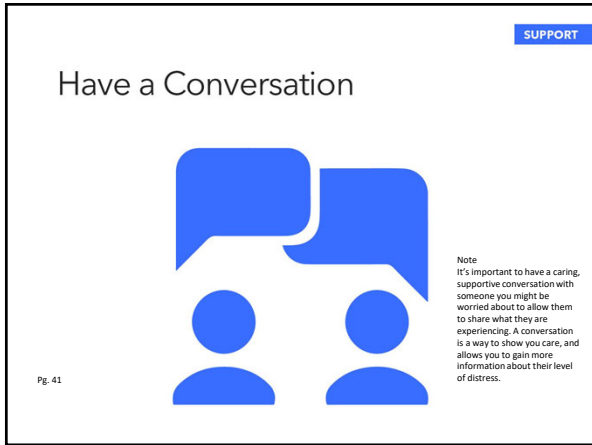
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What **You** Can Do


Now that we have reviewed key suicide prevention efforts, let's talk about what we all can do to help prevent suicide.

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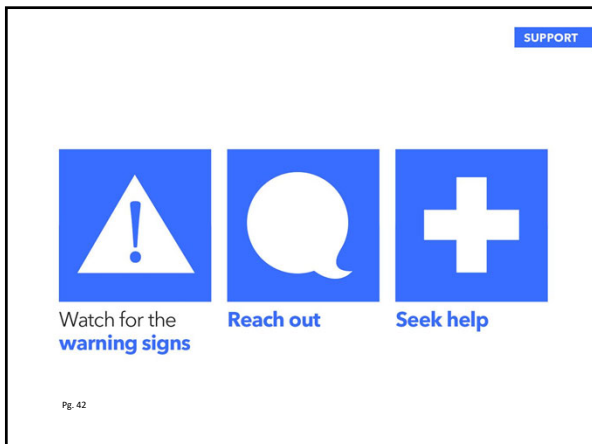
SUPPORT

Have a Conversation






Note
It's important to have a caring, supportive conversation with someone you might be worried about to allow them to share what they are experiencing. A conversation is a way to show you care, and allows you to gain more information about their level of distress.

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SUPPORT



Watch for the **warning signs** **Reach out** **Seek help**

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SUPPORT

Suicide Warning Signs



Talk



Behavior



Mood

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SUPPORT

Talk

- Ending their lives
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

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SUPPORT

Behavior

- Increased use of alcohol or drugs
- Issues with sleep
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Looking for a way to kill themselves
- Giving away possessions

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SUPPORT

Mood

- Depression
- Apathy
- Rage
- Irritability
- Impulsivity
- Humiliation
- Anxiety

Notes:
People at risk for suicide can display — often quite subtly — any of the following moods.
Depression, apathy, rage, irritability, impulsivity, humiliation, anxiety. Moods one would expect of someone who feels overwhelmed and desperate.
We all have ups and downs in our mood, but when you notice a change that seems uncharacteristic or concerning, it is important to speak to the person about what you are noticing.
For example, sudden, unexplained happiness can indicate the individual has decided on a plan and is relieved they will no longer be in pain.
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SUPPORT

Trust your gut.

Assume you're the only one who is going to reach out.

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SUPPORT

Behavior

- Increased use of alcohol or drugs
- Issues with sleep
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SUPPORT






Avoid minimizing their feelings.
Avoid trying to convince them life is worth living.
Avoid advice to fix it.

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SUPPORT

If you think they might make an attempt soon.

Stay with them Help them **secure** **Escort** them to
or remove lethal mental health
means services

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SUPPORT



Suicide Prevention
Lifeline
Call 1-800-273-TALK
Crisis Text Line
Text TALK to 741741

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SUPPORT



For
Emergencies
Call 911

If it's an emergency, such as a suicide attempt in progress, call 911.

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SUPPORT

We can create a culture that's
smart about **mental health** and
suicide prevention.



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SUPPORT



**TALK
SAVES
LIVES**





Thank you for joining us today to learn how **talk saves lives**. It is a simple idea – but it works.

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Help us improve our program by completing the feedback form.

Visit afsp.org/TSLparticipant

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@afspnational

You can learn more at afsp.org, or by following us on Facebook, Twitter, and Instagram using the handle @afspnational.


[If you have a personal connection to suicide, you have the option of taking no more than two minutes to share your story here. Please review AFSF's "Speaking Out About Suicide" resource.]

Thank you for listening.

If you have any questions about our local chapter, our current initiatives, and how you can get involved, please see me after the presentation concludes. Again, thank you for being here today. Together we can save lives.

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 American Foundation for Suicide Prevention
