

THE PERFECT STORM

*Mental Health,
depression,
and suicide
prevention*

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Today's Presenters



Scope of the Problem



Research



Prevention



What You Can Do



Scope of the Problem



Suicide
is a **health**
issue.



Suicide
can be
prevented.

How we talk about suicide matters

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

- Worldwide: More than 800,000 people die by suicide each year
- Someone dies by suicide EVERY 40 SECONDS
- In the U.S., suicide is the 10th LEADING CAUSE OF DEATH (In 2016: 44,965 people died by suicide)
- For every suicide – 25 OTHERS ATTEMPT
- Suicide impacts INDIVIDUALS and COMMUNITIES
- Suicide has an economic impact. \$69 billion per year in the United States



POLICE

While the exact number of officers who die by suicide each year is not known, research suggests that **more officers die by suicide each year than in the line of duty.**

The non-profit organization BLUE H.E.L.P. has estimated that these deaths increased from 143 to 228, from 2016 to 2019.

However, these numbers are likely to represent an undercount, as they are derived from Internet searches and volunteer reports made by family members, friends, colleagues, and others.

Moreover, suicide deaths are often unreported or misreported due to stigma and other reasons

CONCLUSION

- Law enforcement agencies should implement comprehensive suicide prevention programs that combine multiple strategies and practices addressing areas such as:
 - Leadership and culture n Access to culturally competent mental health services
 - Peer support
 - Suicide prevention training and awareness
 - Event response
 - Family support
 - Limiting access to means of suicide
 - Safe and effective messaging





FIRE

[USA Today](#) reported that 103 firefighters and 140 police officers died by suicide in 2017, compared to 93 firefighter and 129 officer line-of-duty deaths, according to the [Ruderman Family Foundation](#), a philanthropic organization that fights for the rights of people with disabilities.

Study: More firefighters died by suicide than in the line of duty in 2017

A study found that 103 firefighters and 140 police officers died by suicide in 2017, compared to 93 firefighter and 129 officer line-of-duty deaths

The [study](#) also found that little has been done to address PTSD and depression in responders, even though they are five times more likely than civilians to suffer from symptoms.



DE AWARENESS

igma associated with suicide makes it one of those events that are not talked about in the fire service. Working with researchers at Texas A&M College Healthcare, the IAFF offers new resources for IAFF members dealing with the tragic loss of a fellow brother or sister to suicide.

FF has dealt with several members' suicides as line of duty deaths and also responds to locals that have been faced suicides when requested by the af FF recognizes that the stigma surrounding suicide must be addressed in order to help prevent these tragedies and to provide resources and counseling > of a member.

l by a FEMA Fire Prevention and Safety grant, researchers from Texas A&M and Baylor Scott & White Healthcare developed [standard operating procedu](#) in the wake of a member suicide, as well as the educational and awareness brochure [Fire Fighter Suicide: How to Cope With Grief and Loss](#). The SOP v of departments and can be edited to fit different departmental policies and structures.

ial is for fire departments to develop their own best practices guidelines on suicide postvention that address the best course of action for members and loss of a member to suicide. These materials will help identify warning signs of suicide and provide information about common myths and the facts ab department uses these documents, contact the Principal Investigator of the study, Dr. Suzy Bird Gulliver, who can connect you with further resources and > postvention. You will also have the opportunity to share your experiences in implementing the SOP in your department to give others a better understande rs in the wake of a tragic suicide.

re information, contact Principal Investigator Dr. Gulliver at sugulliver@sw.org or (508) 524-9164.

onal behavioral health resources are available on the IAFF [Behavioral Health Program](#) page.

CONCLUSION



VETERANS

Veteran suicide rates are still higher than the rest of the population, particularly among women.

In both reports, the VA said an average of 20 veterans succumbed to suicide every day.

The VA's 2012 report stated 22 veterans succumbed to suicide every day – a number that's still often cited incorrectly. That number also included active-duty troops, Guard and Reserve

VA officials determine the statistic by analyzing state death certificates and calculating the percentage of veterans out of all suicides. The death certificates include a field designating whether the deceased ever served in the U.S. military.

WE LOSE **20** VETERANS TO SUICIDE EVERY DAY

Reaching out
can help save
a life



Learn the risks
and warning signs
of suicide
—
afsp.org/signs

Let them
know you
care and have
an honest
conversation

If you're
concerned,
encourage them
to get the help
they need

DO YOU KNOW A VETERAN WHO IS IN CRISIS?



VETERANS CRISIS TEXT



HAVE YOU LOST A VETERAN TO SUICIDE?

TRAGEDY ASSISTANCE PROGRAM
FOR SURVIVORS (TAPS)
taps.org

AFSP LOSS RESOURCES
afsp.org/loss

MORE RESOURCES FOR VETS

GIVE AN HOUR
giveanhour.org

IRAQ AND AFGHANISTAN
VETERANS OF AMERICA (IAVA)
iava.org

VETS 4 WARRIORS
vets4warriors.com

LGBTQ+

THE **TREVOR** PROJECT

- Suicide is the 2nd leading cause of death among young people ages 10 to 24.
- LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.
- LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.
- Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.
- Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.
- LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.
- 1 out of 6 students nationwide (grades 9–12) seriously considered suicide in the past year.
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average.



Covid-19 Every Worker Protection Act – HR 6559 (In Senate)

This bill requires the Department of Labor to promulgate both an emergency temporary occupational safety or health standard and a permanent standard to protect certain employees from occupational exposure to the coronavirus (i.e., the virus that causes COVID-19). These standards apply to health care sector employees, paramedic and emergency medical services employees, and other employees identified as having an elevated risk for exposure. Further, the Centers for Disease Control and Prevention must collect and make public information regarding employee exposure in these occupations and provide guidance to further protect such employees.

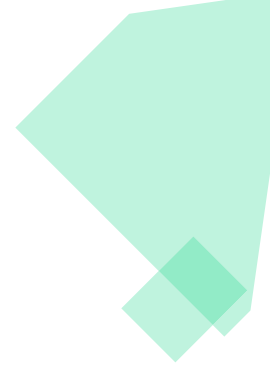
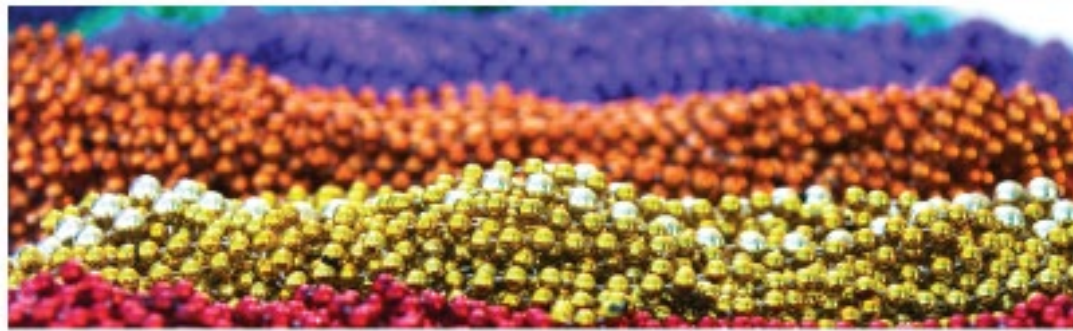
National Suicide Hotline Designation Act of 2019 – HR 4194

9-8-8



It can
affect
anyone





What's Your Color?

Losing someone to suicide or struggling with a mental illness can feel like no one understands what you are going through.

Each color shows our personal connection to the cause and helps us identify others who understand our experience.



WHITE

Loss of a Child



RED

Loss of a Spouse or Partner



GOLD

Loss of a Parent



ORANGE

Loss of a Sibling



PURPLE

Loss of a Relative or Friend



SILVER

Loss of a First Responder/Military



GREEN

A Personal Struggle or Attempt



TEAL

Supporting Someone Who Struggles or has Attempted



BLUE

Supporting Suicide Prevention



I wear **white beads**
for the loss of a child.



afsp.org



American
Foundation
for Suicide
Prevention

I wear **gold beads**
for the loss of a
parent.



afsp.org



American
Foundation
for Suicide
Prevention

I wear **red beads**
for the loss of a
spouse or partner.

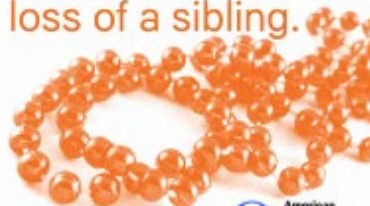


afsp.org



American
Foundation
for Suicide
Prevention

I wear **orange beads** for the
loss of a sibling.



afsp.org



American
Foundation
for Suicide
Prevention

I wear **purple beads**
for the loss of a
relative or friend.

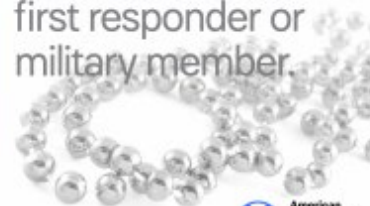


afsp.org



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Foundation
for Suicide
Prevention

I wear **silver beads**
for the loss of a
first responder or
military member.



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American
Foundation
for Suicide
Prevention

I wear **green beads**
for my personal
struggle.



afsp.org



American
Foundation
for Suicide
Prevention

I wear **teal beads**
because my loved
one struggles.



afsp.org



American
Foundation
for Suicide
Prevention

I wear **blue beads**
because I support
the cause.



afsp.org



American
Foundation
for Suicide
Prevention

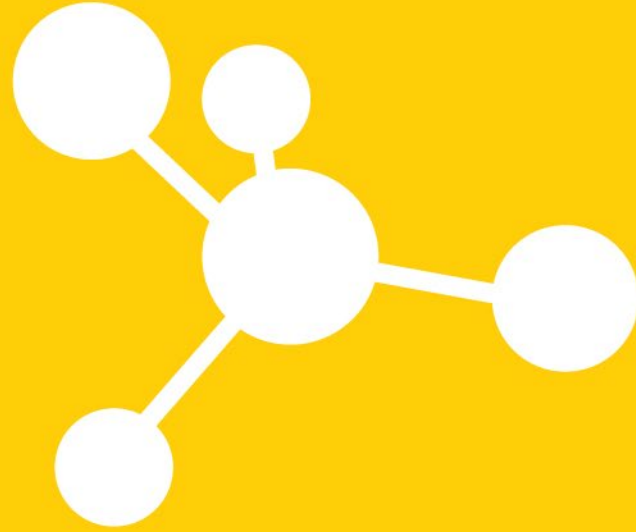


**Helaine
Zack**



MME
Reaching Out
With Help





Research



7 Stages of Grief

(Modified Kubler-Ross Model)

Shock*

- Initial paralysis at hearing the bad news.

Denial

- Trying to avoid the inevitable.

Anger

- Frustrated outpouring of bottled-up emotion.

Bargaining

- Seeking in vain for a way out.

Depression

- Final realization of the inevitable.

Testing*

- Seeking realistic solutions.

Acceptance

- Finally finding the way forward.

* This model is extended slightly from the original Kubler-Ross model, which does not explicitly include the Shock and Testing stages. These stages however are often useful to understand and to facilitate change.

Suicide is associated with several risk and protective factors.

Suicide, like other human behaviors, has no single determining cause.

Instead, suicide occurs in response to multiple biological, psychological, interpersonal, environmental and societal influences that interact with one another, often over time.

The social ecological model—encompassing multiple levels of focus from the individual, relationship, community, and societal—is a useful framework for viewing and understanding suicide risk and protective factors identified in the literature.

Risk factors include:

- Individual level: history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants
- Relationship level: high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial and work stress
- Community level: inadequate community connectedness, barriers to health care (e.g., lack of access to providers and medications)
- Societal level: availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking and mental illness.

It is important to recognize that the vast majority of individuals who are depressed, attempt suicide, or have other risk factors, do not die by suicide.

Survivors

- In an early study, Crosby and Sacks estimated that 7% of the U.S. adult population, or 13.2 million adults, knew someone in the prior 12 months who had died by suicide.
- They also estimated that for each suicide, 425 adults were exposed, or knew about the death.
- In a more recent study, in one state, Cerel et al found that 48% of the population knew at least one person who died by suicide in their lifetime. Research indicates that the impact of knowing someone who died by suicide and/or having lived experience (i.e., personally have attempted suicide, have had suicidal thoughts, or have been impacted by suicidal loss) is much more extensive than injury and death.
- People with lived experience may suffer long-term health and mental health consequences ranging from anger, guilt, and physical impairment, depending on the means and severity of the attempt.
- Similarly, survivors of a loved one's suicide may experience ongoing pain and suffering including complicated grief, stigma, depression, anxiety, posttraumatic stress disorder, and increased risk of suicidal ideation and suicide.
- Less discussed but no less important, are the financial and occupational effects on those left behind.



Physical Differences

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



The Perspective of a Suicidal Person

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

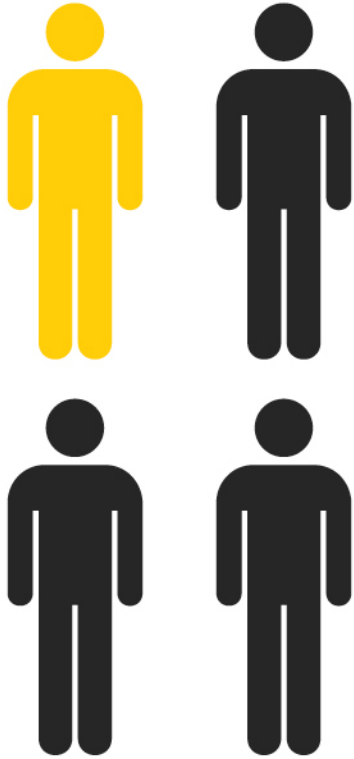


Why do people
take their own lives?

There is **no single
cause**, but rather
multiple intersecting
factors.



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

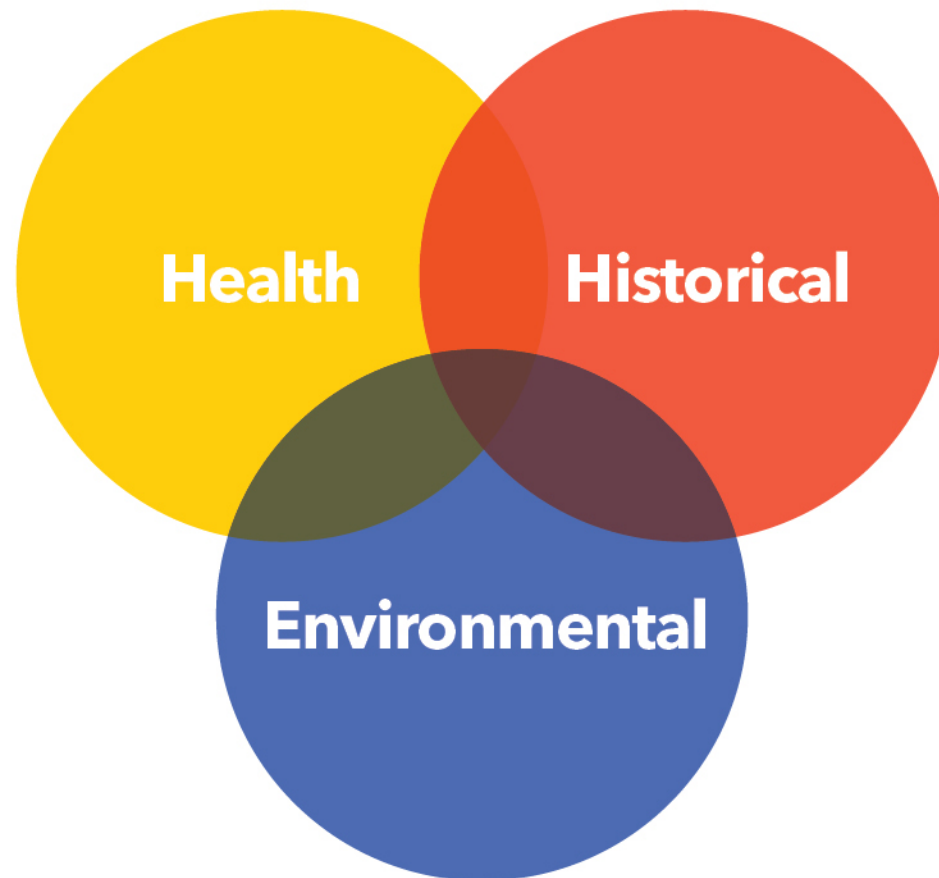


1 in **4** people will experience a mental health condition, and most **do not** go on to **die** by suicide.



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

Who is at risk?



Health Factors

Mental health conditions:

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

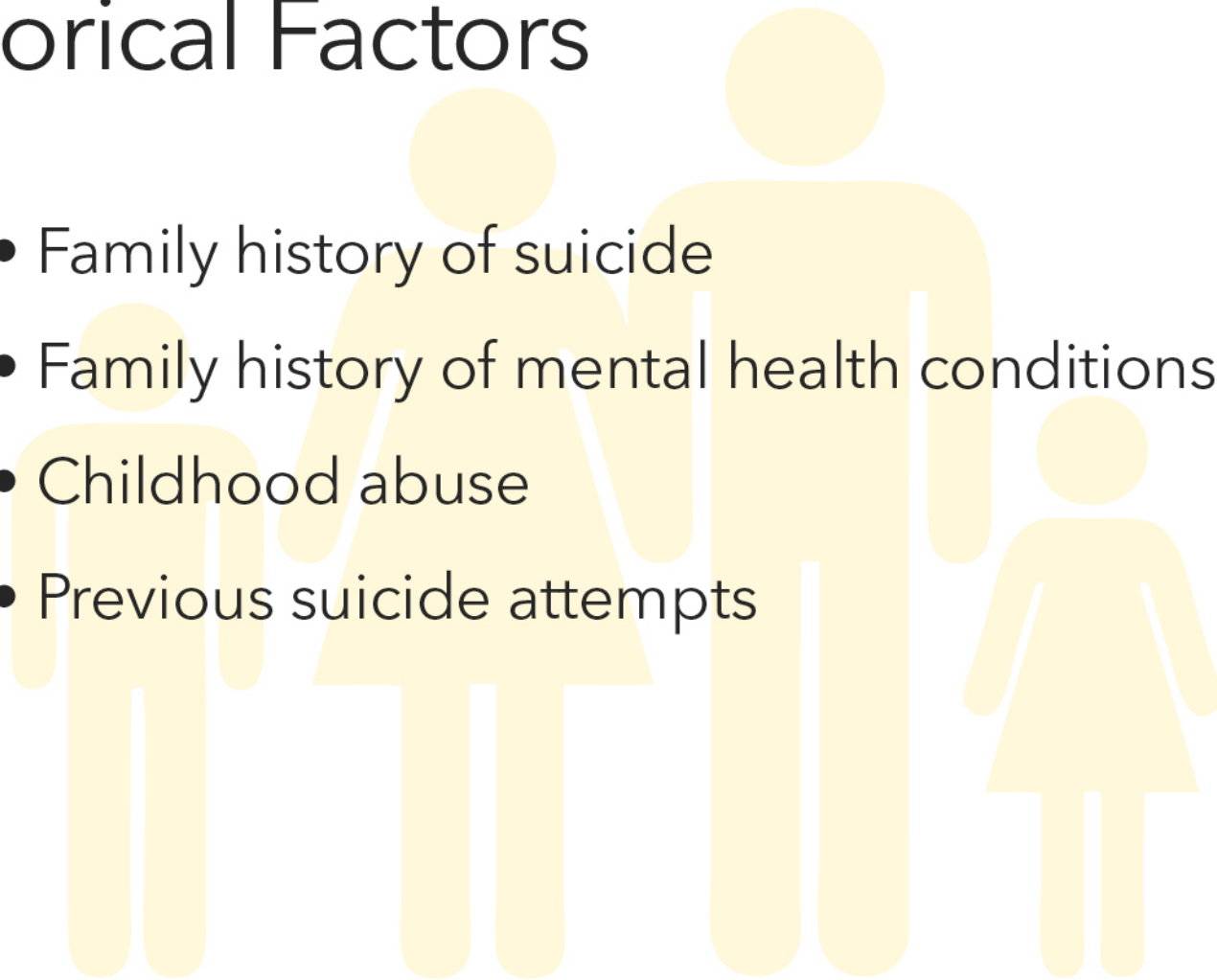
Other Health Factors

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

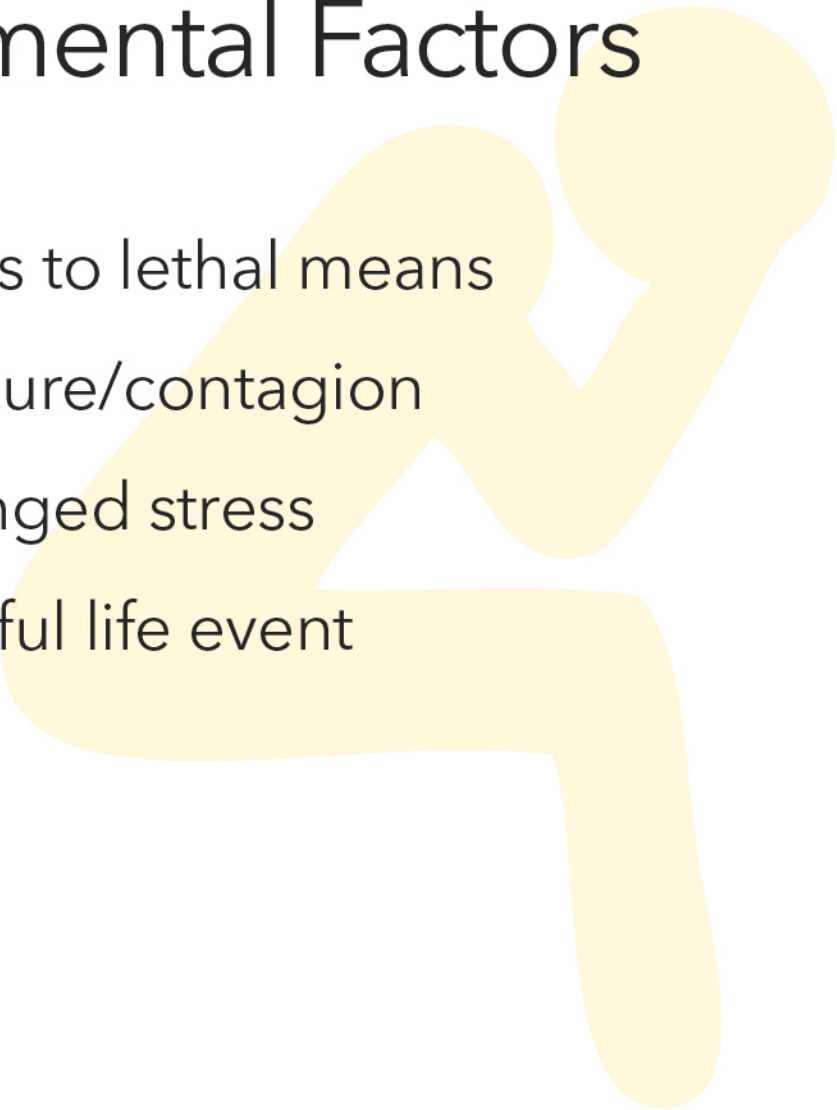


Historical Factors

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



Environmental Factors

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

What others see:



What they may not know:



Genetic risk



Depression



**Prolonged
stress at work**



**Drinking more
than usual**

The Importance of Research



Biomarkers



Interventions



Psychotherapies



Medication




Prevention



Preventing Suicide

Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none">• Strengthen household financial security• Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none">• Coverage of mental health conditions in health insurance policies• Reduce provider shortages in underserved areas• Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none">• Reduce access to lethal means among persons at risk of suicide• Organizational policies and culture• Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none">• Peer norm programs• Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none">• Social-emotional learning programs• Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none">• Gatekeeper training• Crisis intervention• Treatment for people at risk of suicide• Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none">• Postvention• Safe reporting and messaging about suicide

Protective Factors

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



Mental health care
is an important
ingredient for
preventing suicide.



The problem: only
2 in **5** with a mental
health condition
seek treatment

We need a
culture where
everyone knows
to be smart
about mental
health.

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



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

Self Care Strengthens Mental Health



Exercise



Healthy diet

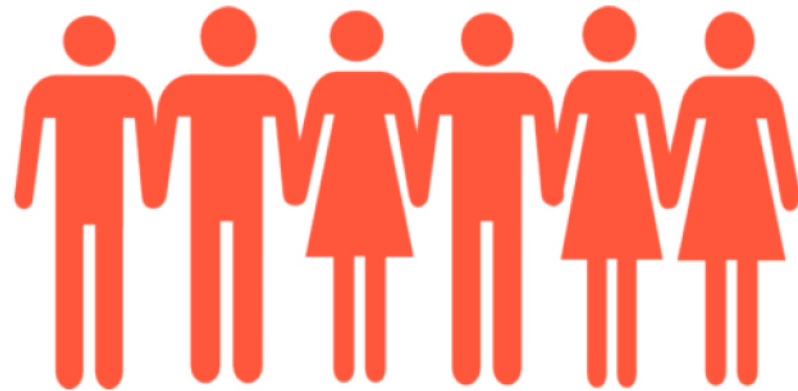


Sleep



**Stress
management**

Support for loss survivors and those with lived experience.





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

**Limiting access
to means** prevents
suicide.

Limiting Access to Means



**CO sensors
in cars**



**Barriers on
bridges**



**Blister packaging
for medication**



Secure firearms



What **You** Can Do

Have a Conversation

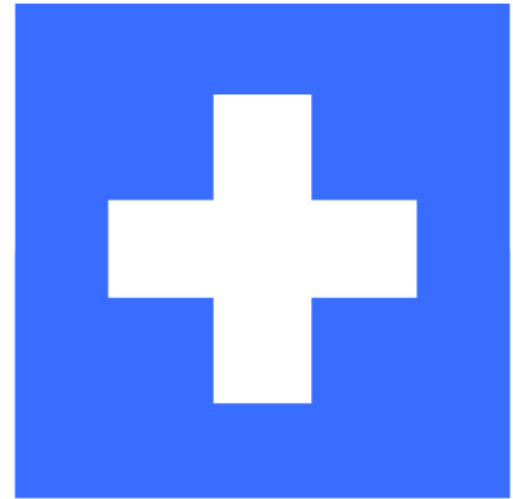




Watch for the
warning signs



Reach out



Seek help

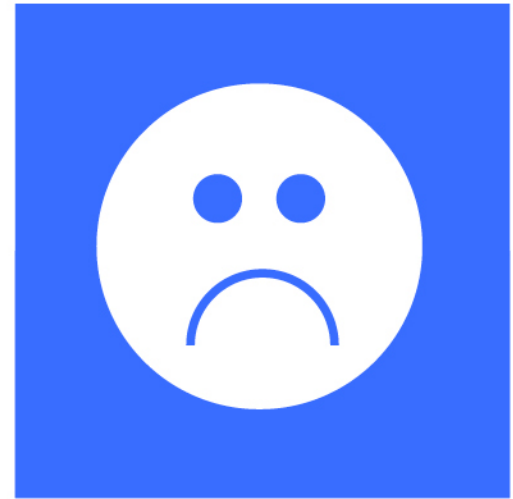
Suicide Warning Signs



Talk



Behavior



Mood

Talk

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

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

Mood

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

Trust your gut.

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

How to Reach Out

- Talk to them in **private**
- **Listen** to their story
- Express **concern** and **caring**
- **Ask directly** about suicidal thoughts
 - Are you thinking about suicide?
- Encourage them to **seek mental health services**



Avoid minimizing their feelings.

Avoid trying to convince them life is worth living.

Avoid advice to fix it.

If you think they might make an attempt soon.



Stay with them



Help them **secure or remove lethal means**



Escort them to mental health services



Suicide Prevention
Lifeline

Call 1-800-273-TALK

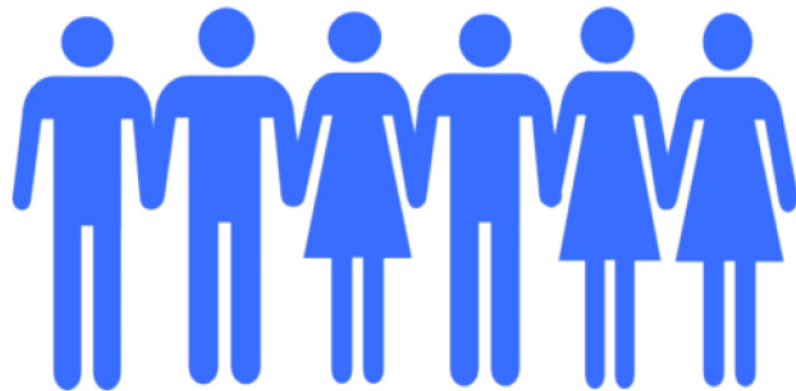
Crisis Text Line

Text TALK to 741741



For
Emergencies
Call 911

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





RESOURCES



Preventing Suicide: A Technical Package of Policy, Programs, and Practices

National Center for Injury Prevention and Control
Division of Violence Prevention



REDUCE THE ANNUAL SUICIDE RATE 20% BY 2025



of all people who attempt suicide tell someone about their intention

Every day
117
people die by suicide

Suicide rates tend to be highest in the spring months, peaking in...



IN 2010



took more lives than war, murder + natural disasters

AFSP OFFERS...



21 programs that promote suicide awareness, education & prevention

AFSP HAS...



chapters in all 50 states and hosts over **350** walks across the country



Males are three and a half times more likely to die by suicide



BUT
Females attempt suicide three times as often

AFSP CONNECTS...



local support groups

AFSP PROVIDES...

a confidential screening program in



colleges & universities

\$44 BILLION

The economic cost of suicide death in the U.S. annually

42,773 Americans died by suicide in 2014, making suicide the 10th leading cause of death for Americans



90%

Those who attempt suicide do not go on to die by suicide



NATIONAL

SUICIDE

PREVENTION

LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org



@afspnational

afsp.org/TalkSavesLives



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