

Understanding National Suicide Prevention Week

(September 5 – 11)

What is Suicide Prevention Month?

Suicide Prevention Month is a time to raise awareness by shifting public perception on this stigmatized, and often taboo topic. The entire month is dedicated to spread hope and vital information to people affected by suicide with the goal of ensuring that individuals, friends, and families have access to needed resources and to seek help.

Risk Factors:

Risk factors are stressful events, situations, or conditions that exist in a person's life that may increase the likelihood of them attempting or dying by suicide. It is important to understand that risk factors DO NOT cause suicide. People of all genders, ages, and ethnicities can be at risk for suicide. The following are some Risk Factors the Center of Disease Control (CDC) considers to be important factors in preventing Suicide:

Health Factors

- Mental health conditions (particularly depression, mood disorder, personality disorder, schizophrenia, anxiety disorder, or psychosis lasting over two weeks)
- Serious physical health conditions including pain
- Traumatic brain injury

Environmental Factors

- 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 or sensationalized accounts of suicide

Historical Factors

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

Warning Signs:

Some behaviors may indicate that a person is at immediate risk for suicide. The following three should prompt you to immediately call either, the **National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**, or a mental health professional. The National Institute of Mental Health has provided us with a list of symptoms we should take as warning signs, that include:

- Talking about wanting to die
- Looking for a way to die by suicide, such as searching online or obtaining lethal means

- Talking about feeling hopeless or having no reason to live

Other behaviors may also indicate a serious risk—especially if the behavior is new, has increased, and/or seems related to a painful event, loss, or change. These include:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What should I do if I am in crisis or someone, I know is considering suicide?

If you notice warning signs of suicide—especially a drastic change in behavior or new, concerning behavior—get help as soon as possible.

Family and friends are often the first individuals to recognize a drastic change in behavior because they're the ones who have spent enough time with the individual to identify a change, and they can take the first step toward helping a loved one find mental health treatment.

If someone tells you that they want to die, do **NOT** leave them alone. Do not promise that you will keep their suicidal thoughts a secret—tell a trusted friend, family member, or other trusted adult.

Call 911 if there is immediate danger or go to the nearest emergency room.

In a crisis, you also can contact:

- **National Suicide Prevention Lifeline**

Call 1-800-273-TALK (8255); En Español 1-888-628-9454

The Lifeline is a free, confidential crisis hotline that is available to everyone 24 hours a day, 7 days a week. The Lifeline connects people to the nearest crisis center that provides crisis counseling and mental health referrals.

- **Crisis Text Line**

Text “HELLO” to 741741

The Crisis Text Line is available 24 hours a day, 7 days a week. This confidential service helps anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

Disclaimer: *The following is intended as an information resource only; we are not a medical organization, and we cannot give medical advice. If you are experiencing a life-threatening situation, seek medical help or dial 911.*

References

CDC – National Center for Health Statistics – Suicide Prevention.
<https://www.cdc.gov/suicide/index.html>. March 1st 2021.

Miller IW, Camargo CA Jr, Arias SA, Sullivan AF, Allen MH, Goldstein AB, Manton AP, Espinola JA, Jones R, Hasegawa K, Boudreaux ED; ED-SAFE Investigators. **Suicide Prevention in an Emergency Department Population: The ED-SAFE Study.** JAMA Psychiatry. 2017 Jun 1;74(6):563-570. doi:

National Institute of Mental Health (2021). *Suicide Prevention*. Retrieved August 2021, from <https://www.nimh.nih.gov/health/topics/suicide-prevention>

By: Juan C. Martell (LMHC)

Understanding National Suicide Prevention Week (Part 2)

(September 5 – 11)

(If you wish to learn more about **Risk Factors**, **Warning Signs**, or **What to do** if someone you know is in a crisis, or you yourself are in a crisis then please see Part I)

The Stigma of Suicide

Stigmas surrounding suicide are widely prevalent in Miami Dade County today. Many people experiencing uncontrollable mental health conditions or suicidal behavior feel fearful of the reactions of peers, co-workers, family, and society. Continuing to treat suicide as a taboo subject only creates feelings of isolation and shame, and creates a distraction from crucial suicide prevention resources for those at risk. Experts agree that concerted efforts to eliminate the stigmatization of suicide are necessary to eventually lower the suicide rate in Miami Dade County and the United States as a whole.

There are many misconceptions about suicide in Miami Dade County. People who have not been affected by suicide may subscribe to untrue myth about this grave issue that continue to impact others. Those experiencing severe symptoms of suicidal behavior are typically facing such deep despair that they simply see no other option to end their suffering. For most, their goal is not to die but to eliminate the pain of their current circumstances, and so they are deeply conflicted about attempting suicide. Learning the facts and demystifying suicide can help to save a life.

Myth	Truth
Suicide in youth is not a problem	It is the 3 rd leading cause of death in 10-24 year olds
Asking/talking about suicide causes suicidal behavior	Addressing the topic in a caring and nonjudgmental way show you care and that you are taking them seriously
Only a professional can identify a child at risk for suicidal behavior	Parents, caregivers, and friends are usually the first to recognize warning signs
Media coverage about suicide does not impact suicidal behavior in youth	A recent study found that internet searches for terms like “how to commit suicide” and “commit” suicide increase after shows and news stories air. They also increase for “suicide hotline” and “suicide prevention.”

How Do We Talk About Suicide?

Openly talking about suicide is something most people do not have experience doing on a regular basis. However, if you should find yourself in the position of needing to lend an ear to a suicidal person, knowing how to positively interact with them can be a crucial step towards getting help and potentially saving a life. Though you may instinctively feel very emotional about the suicidal person's statements, you should avoid reacting in a way that is judgmental or makes the person feel isolated. The following are just a few examples of *positive* conversation-starters, questions, and words of encouragement for a person with suicidal thoughts:

- "I have been concerned about you and wanted to see how you are doing."
- "How can I help support you right now?"
- "Have you considered getting help?"
- "I'm here for you. You are not alone."
- "I care about you, and I want to help."

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References

- CDC National Center for Health Statistics-Suicide Prevention. Suicide Prevention | Suicide | CDC. March 1st, 2021.
- Miller IW, Camargo CA Jr, Arias SA, Sullivan AF, Allen MH, Goldstein AB, Manton AP, Espinola JA, Jones R, Hasegawa K, Boudreaux ED; ED-SAFE Investigators. **Suicide Prevention in an Emergency Department Population: The ED-SAFE Study**. JAMA Psychiatry. 2017 June 1;74(6):563-570. doi:
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