Real Talk: What is Suicide Prevention?

Webinar Talking Points

**Outline for Webinar with OSPF**

Slide 1: Introduction (Both)

* Good morning
* I’m Charde Hollins – intro
* I’m Beth Zietlow-DeJesus – intro
* We work at the Cuyahoga County Alcohol, Drug Addiction and Mental Health Services Board – otherwise known as the ADAMHS Board.
* The ADAMHS Boards across the state are responsible for planning, funding and monitoring local mental health and addiction treatment and recovery support services that are person-centered and meet the needs of each community.
* We are glad you on here with us, so let’s get to it, shall we?

Slide 2: Charde

* I first want to start by saying “Suicide Prevention is EVERYONES BUSINESS!” Let’s just get that message out the way. Everyone has a part to play in saving someone’s life.
* But what is suicide prevention? How can we truly decrease the likelihood of someone taking their own life? What steps can we put in place? What things can be said or done to help before it’s too late? These are all good questions and as we go through this webinar we will touch on each of these.
* There is not one single reason that results in Suicide. Suicide occurs due to a series of stressful events or a specific situation that effects several aspects of their life and in turn causes a person to feel depressed and ultimately hopeless.
* And there lies the key to prevention. HOPE! Hope that things can get better, hope that I can sustain my own mental health, hope that life is worth fighting for. Suicide Prevention is the act of increasing ones sense of hope prior to them wallowing in hopelessness.

Slide 3:

* If we are keeping it real. Let’s talk about how many times we have heard someone talk about being down, seen someone crying or noticing they are struggling with keeping up and we haven’t said a word. In other words, we have noticed this schedule.
* What if we paid attention to what they were feeling and spoke up? If actually did what the second meme says, to listen and to care. OH, WHAT A WORLD IT WOULD BE!
* Real Talk Slide - It is know how to intervene, how to connect to a person to help, how to follow- up continuously and using postvention to prevent further suicide in a family where there is a loss.
* So what is suicide prevention really? It is all of us committing to:
	+ Ask people if they are ok.
	+ Don’t make assumption that someone is well or “has gotten”
	+ Turn off the sound, watch the picture, take action
	+ Make plans to help someone you know is struggling – the person may not always be able to ask for help
		- NOT OK App – teenager
		- Emoji safety plan – personal story
	+ Don’t forget postvention EVER! Understanding survivor language and getting through the awkward

Slide 4: Charde

* We must talk about the importance of protective factors because we know they make the biggest difference in outcomes for people of all ages.
* So what are some protective factors that can increase someone’s sense of hope?
	+ Biophysical – We often underestimate the impact our bodies have on our ability to self-regulate.
		- Physical health IS Mental Health and mental health IS physical health. By taking care of one, we are automatically supporting the other and setting ourselves up to thrive.
	+ Sociological – Find a support system. Whether it’s just one person or an encouraging group. If you feel like there is no one within your reach that you already know that provides support, search for other resources. There are literally organizations and meetings called “support groups” that exist just for YOU to get the positive interaction we as humans need to maintain our sanity.
		- Positive interaction with family and friends
		- Involvement in extracurricular activities or religious groups
		- Access to other support services
	+ Psychosocial – In a nut shell. Just be kind to yourself. Often times we can be our hardest critic. We know everything that is wrong with us and nothing that is right. Countering those negative thoughts with positive self-talk is important. Become intentional with being optimistic about your future and ability to succeed.
		- Positive self-talk/ Emotional regulation
		- Subjective sense of Self-sufficiency
		- Optimism
* We know that suicide prevention is more than just increasing coping skills and protective factors.
* These factors and many others are great in the long run and will make a different for future generations
* But what about the NOW. What happens when Suicidal thoughts are currently present and there’s no time to grab an apple, exercise or call a friend. And my brain just won’t allow me to think of any positive or optimistic features?
* We know our thoughts can be so complexity and unwilling to think long term. So in the moment increase hope by:
	+ Thinking of the 1 person who will miss you. Whose life will be changed because you are gone?
	+ Think of an upcoming event that interests you and the joy you will receive from attending in the moment.
	+ Begin to keep a journal documenting your struggles and then record when you recovered from it. Writing down your victories and reading them when feeling down will help you remember that you have felt this way before but things do get better.

Slide 5:

For those who may not live in the complex world of suicidal ideation, there are 2 things that you should know:

* **I CAN Talk about Suicide and I SHOULD!**
	+ There is a widespread stigma associated with suicide and as a result, many people are afraid to speak about it. Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their opinions and share their story with others, thereby preventing suicide.
* It’s NOT easy to tell when someone is suicidal because they may not cry all the time and/or look depressed.
	+ People respond differently to stressful situations. Although some may show outward signs of depression, there are those who may hide their feelings in plain sight, by being the “life of the party” or the “strong friend.” For this reason, it is important to talk openly about suicide so that even those who may not fit into the status quo can still receive support and resources for help.
* People with suicidal ideation often want to someone to notice what they are going through. They don’t usually want to die, but are so isolated in their own thoughts.
	+ There’s a misconception that a suicidal person is relentlessly committed to taking their own life, no matter what. This idea is far from the truth. Studies show that when people are suicidal, they are often ambivalent and torn between the desire to live or to die. The fact that someone is still alive, means that it’s not too late and change can still happen.

Slide 6:

* **Suicide COULD happen to someone I know!**
* In 2017, 1.4 million Americans attempted suicide. Over 47,000 died by suicide. And it is the 10th leading cause of death in the United States. 2nd cause among ages 16-34 and 4th among ages 35-54. Data from the Centers for Disease Control and Prevention, 2017.
* In 2019, Cuyahoga County has had 194 deaths by suicide (as of November). In 2018 we had 211, which was the highest number we have seen since 1985.
* Suicide is definitely on the rise and that is why we all need to do our part.

Slide 7:

* So often we hear about the loss of young people. And, that is devastating – one life lost at any age is too many. In reality, though we have seen a very slight rise in death by suicide in the younger population in Cuyahoga County, it is much lower than that of middle-aged men.
* Of our 194 deaths this year, 6 people were 18 or under. Last year, 4 were 18 or under. (source for local stats: Cuyahoga County Medical Examiner’s Office).
* In Cuyahoga County so many of the people who have died are middle aged and older males.
* The average age of death locally is 46.6 years of age.
* What am I saying? We need to talk about more than just young people. We need to talk about men ([Man Therapy](https://www.mantherapy.org/)) and other high-risk populations like seniors and veterans.
* And, when we are talking about youth we need to strengthen our focus on youth affected by trauma, toxic stress and LGBTQ youth – populations we know are at higher risk for suicide.
* We can all take a close look at our local data and really try to meet the needs in our own communities. Don’t generalize. Get the facts and use them to inform course of action.

Slide 8: Stigma – Real Talk (both, discussion, blunt, authentic, meaningful)

* It being someone else’s problem –
	+ We often consider suicide someone else’s “problem” – Tell the Mom’s story – 100 suicide prevention sessions, and I never would have gone. Not my son.
	+ But, the truth is we can all play a role in suicide prevention.
* Layers of stigma
	+ From media portrayal of suicide/mental illness to personal stigma.
	+ People may feel ashamed to share their struggles, but in a recent study individuals said they would share their personal struggles with mental illness, but that they wouldn’t judge or treat someone differently if they shared their struggles with them.
* What does someone who is suicidal look like? Social context as well as individuals – Talk about Meme
* Avoiding reality/Acceptance – Many of us hide in denial – we don’t want to see our person struggling or we call it a phase. We need to stop avoiding reality and making sure we practice acceptance and the possibility that something more serious could be going on with someone we love.
* Power of peers – stigma is less in younger generations. – this gives us so much hope for the future. We know that peers are more likely to talk to their peers because of this. But we really need them to have a trusted adult too and to be ready with resources if need be.
* One person can make a difference. Please be the one person. Make sure you are the trusted adult or the friend or family that is willing to ask the question – are you thinking about suicide. Then be there, connect them to help, follow up and stay in touch.
* When you speak up and out, remember that language matters.

Slide 9: Language and resilience in media messaging. (Beth)

* Data surrounding messaging and suicide clusters or “contagion”
	+ When the media posts specific details about a death by suicide and glamorizes the life and the death of a celebrity, suicide increases in the United States. <https://www.nasponline.org/publications/periodicals/communique/issues/volume-47-issue-5/suicide-contagion-and-clusters%E2%80%94part-1-what-school-psychologists-should-know>
		- We saw the national increase happen for Sound Garden’s lead singer Chris Cornell and again when his best friend, Chester Bennington, lead singer of Linkin Park, died on his friend’s birthday.
		- When Robin Williams died there was a 10% increase in deaths of individuals ages 30-44 nationwide.
		- In 2018 when Kate Spade and Anthony Bourdain died, in Cuyahoga County alone we saw a deaths increase from 8 at that same time the previous year to 13.
		- When the media doesn’t follow the guidelines for safe reporting, then we see an increase. We see it always.
	+ And, it doesn’t need to be a real person. It can be a character – look at the impact of 13 Reason’s Why, the Netflix Series. Journal of the American Academy of Child and Adolescent Psychiatry - [Study on *13 Reasons Why*](https://www.jaacap.org/article/S0890-8567%2819%2930288-6/fulltext)
		- In the month following the show's debut in March 2017, there was a 28.9% increase in suicide among Americans ages 10-17, said the study, published Monday in the Journal of the American Academy of Child and Adolescent Psychiatry. The number of suicides was greater than that seen in any single month over the five-year period researchers examined. Over the rest of the year, there were 195 more youth suicides than expected given historical trends.
	+ I had the opportunity to hear [Dr. Madelyn Gould](https://www.ncbi.nlm.nih.gov/books/NBK223839/) speak about contagion theory, specifically the impact of this television show. The bottom line is that media matters and that best practices must be followed to ensure public safety.
* The Werther Effect is a theory based from the 1700s book, *The Sorrows of Young Werther*. In this book, the star character dies by suicide in a very specific way related to the loss of love. Suicides mimicking the death in the book began to be seen in the population.
* In Mozart’s opera, *The Magic Flute*, a character named Papageno loses the love of his life, contemplates suicide and instead asks for help. Guess what was seen after this opera was widely seen? Help seeking. People struggling reached out for help instead of dying by suicide.
* In the past few years there have been several studies that show when resiliency stories are told during times of heightened celebrity deaths by suicide that there is actually more calls and less deaths.
* This same information shows that when this information is shared without safeguards, there are increases in deaths.
* The moral of the story is if we can get the media to not focus on the death, but rather on help seeking we will see a change in the population’s reaction to media stories.
* So what can we do?
	+ Advocate on all levels – personal, community, with legislators, at your place of work – encourage training about suicide prevention.
	+ If you know someone who lost someone – it is ok to talk about their loved one. Let their life matter and their memories be strong.
	+ Real-time monitoring of suicide in our areas and of media during high-profile suicides.
	+ Ensure a strong prevention, early intervention and crisis services availability.
	+ Make sure there is bereavement support available
	+ Identify and connect susceptible individuals to help,
	+ We must EDUCATE our local media. I send an email to every reporter who writes about suicide. I either give them a pat on the back or send them the reporting guidelines.
	+ Be proactive and engage with local media about best practices to get them on board for the next high-profile incident. Ensure they have stories and/or tools to use to promote prevention based messaging.
	+ Use social media to provide resiliency messaging and help-seeking messaging.

Slide 10: Overview

* Overview – recap (Both)
* Leave with nothing else – Be the one person
* My why for being the one person. Beth then Charde
* Why Real Talk is Necessary – join the conversation
* What’s your why – Questions

Slide 11: Contact Information

Other Sources:

NCBI - [Role of media reports in completed and prevented suicide: Werther v. Papageno effects.](https://www.ncbi.nlm.nih.gov/pubmed/20807970)

PLOS - [Increase in suicide after the death of Robin Williams](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0191405)

[THE CONTAGION OF SUICIDAL BEHAVIOR](https://www.ncbi.nlm.nih.gov/books/NBK207262/)

[Media Reporting Guidelines](http://reportingonsuicide.org/)

[Not OK App](https://www.notokapp.com/)