UNDERSTANDING HOW SUICIDALITY DEVELOPS AND LEARNING HOW TO RESPOND

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USA Suicide Deaths/Year: 49,476

Homicide Deaths/Year: 24,849

CenturyLink Field Capacity: 68,000

Suicide Data: Washington

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2022 data from the CDC, the most current verified data available at time of publication (May 2024).

10th leading cause of death in Washington

2nd leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

4th leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

9th leading
cause of death for ages 55-64

17th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Washington	**1,243**	**14.80**	**33**
Nationally	49,476	14.21	

See full list of citations at **afsp.org/statistics**.

83% of communities did not have enough mental health providers to serve residents in 2023, according to federal guidelines.

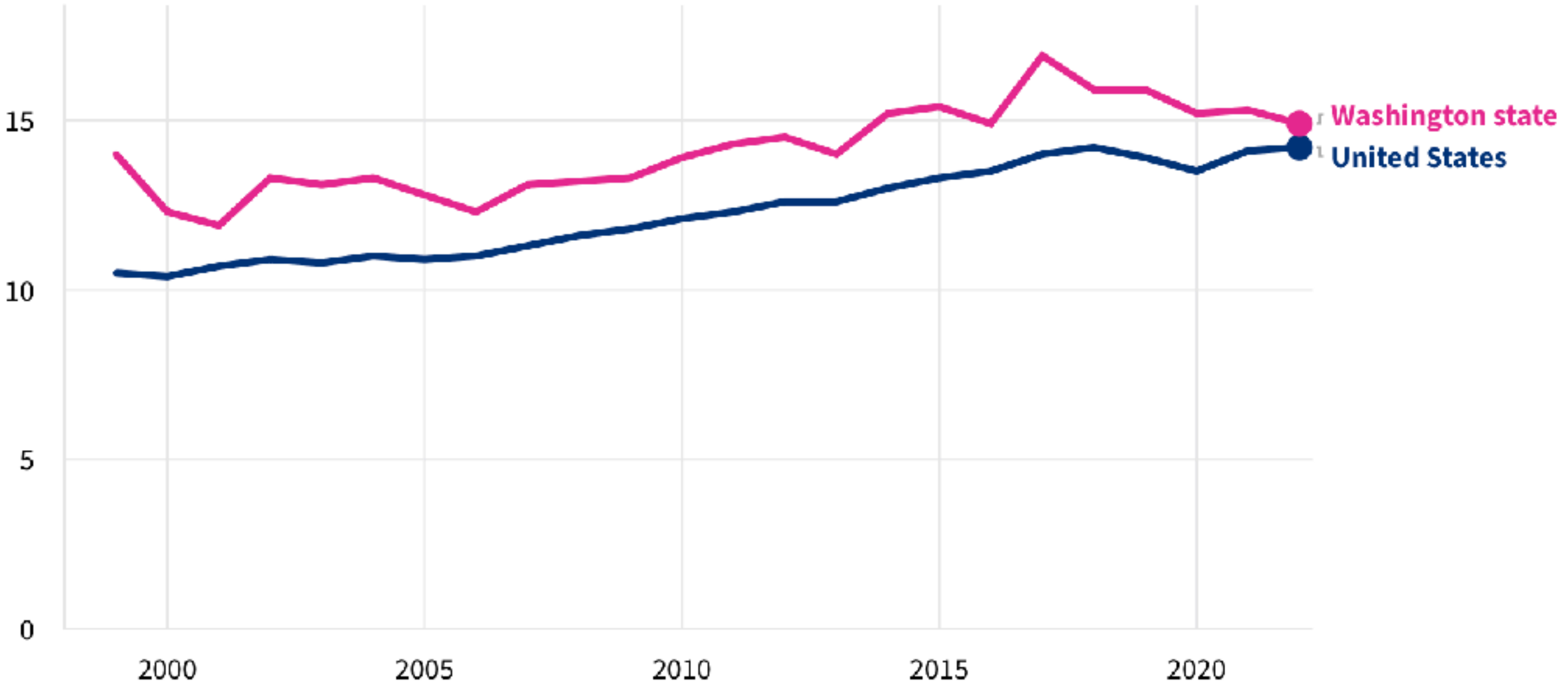
Almost **five times** as many people died by suicide than in alcohol related motor vehicle accidents in 2021.

The total deaths to suicide reflected a total of **23,103 years** of potential life lost (YPLL) before age 65.

65% of firearm deaths were suicides.

53% of all suicides were by firearms.

Change in Suicide Rate over Time



HOW DOES SUICIDALITY DEVELOP?

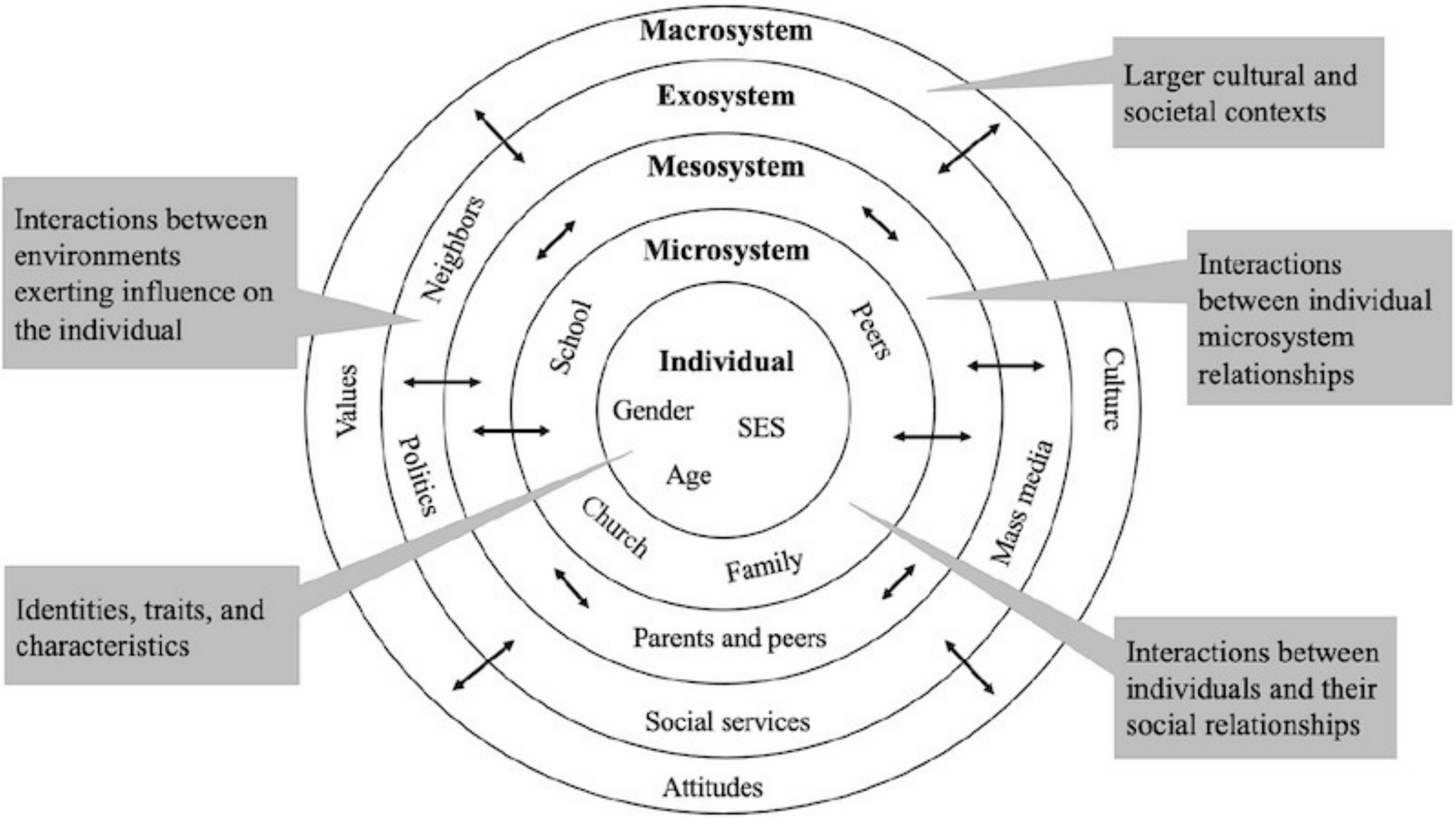
THE BAD NEWS

FRANKLIN ET AL., 2017

- 50 years of suicide research and our ability to predict suicide has not improved.
- Existing factors studied in research do not substantially increase the risk of STBs
- Existing factors studied in research rarely correctly identify people who go on to engage in suicidal behavior.
- Assessment type, outcome definition, and attempt status had little effect on predictive ability
- Use of single risk factor for predicting suicide risk is especially limited

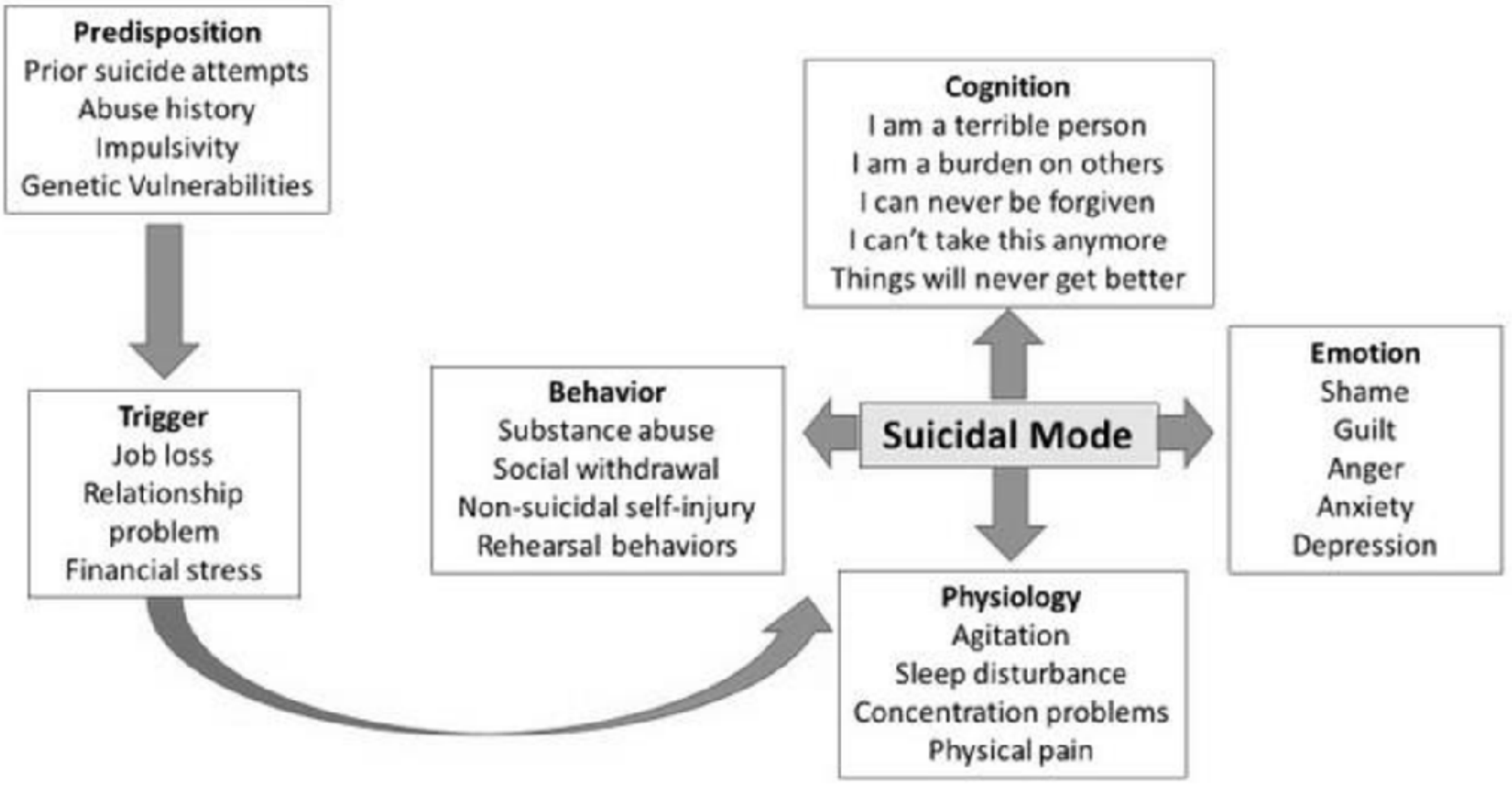
BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY

BRONFENBRENNER, 1992



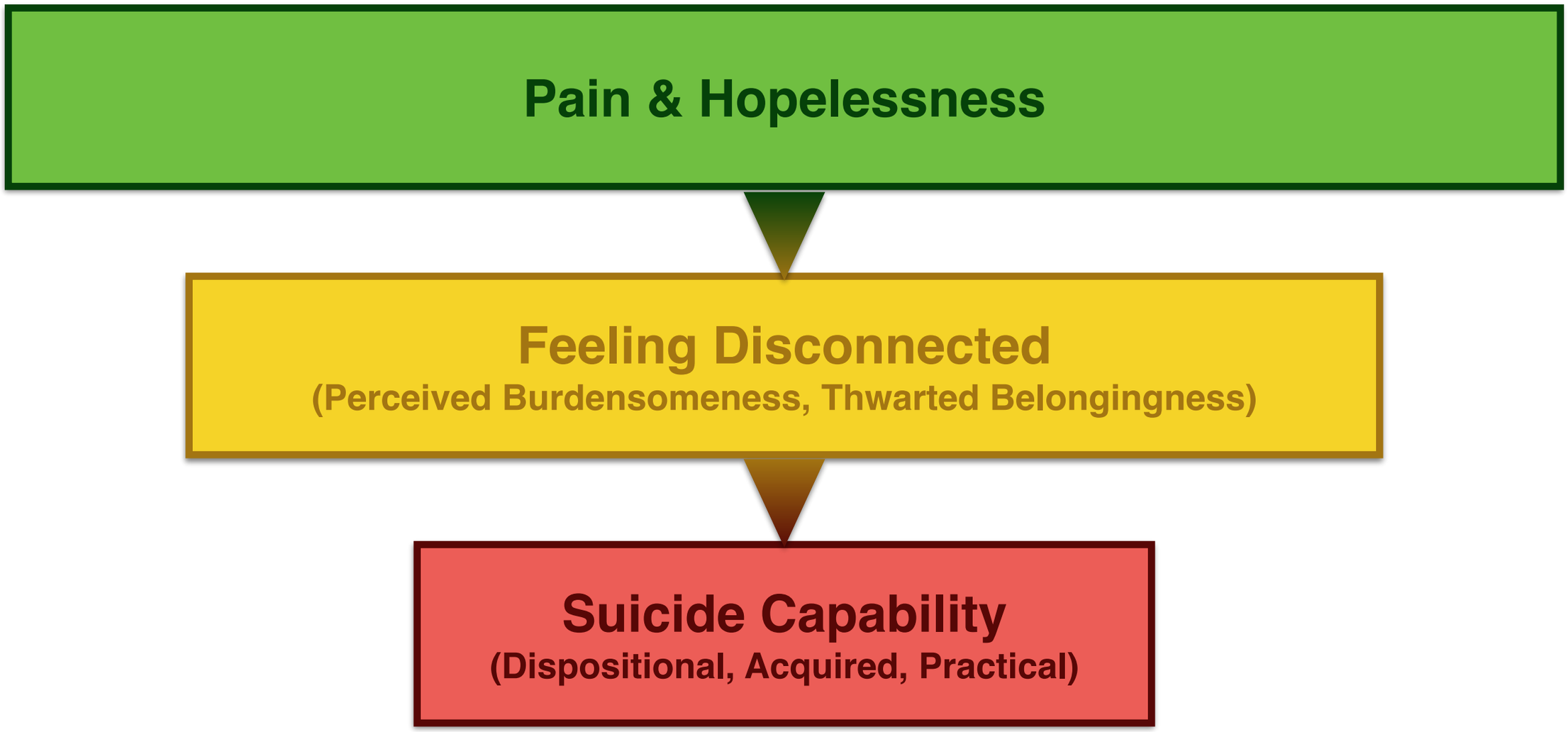
THE SUICIDAL MODE

RUDD, 2000



THREE-STEP THEORY

KLONSKY & MAY, 2015



HOW DO WE RESPOND?

question:

TALKING ABOUT SUICIDE
INCREASES THE CHANCE A PERSON WILL ACT ON IT.

FACT

MYTH

Faith Formation Project

question:

TALKING ABOUT SUICIDE INCREASES THE CHANCE A PERSON WILL ACT ON IT.

Talking about suicide seems to reduce, not increase, suicidal ideation.

Asking improves mental health-related outcomes and the likelihood that the person will seek treatment.

Opening this conversation helps people find an alternative view of their existing circumstances.

MYTH

Faith Formation Project

I'M WORRIED ABOUT YOU, HAVE YOU BEEN THINKING ABOUT SUICIDE?

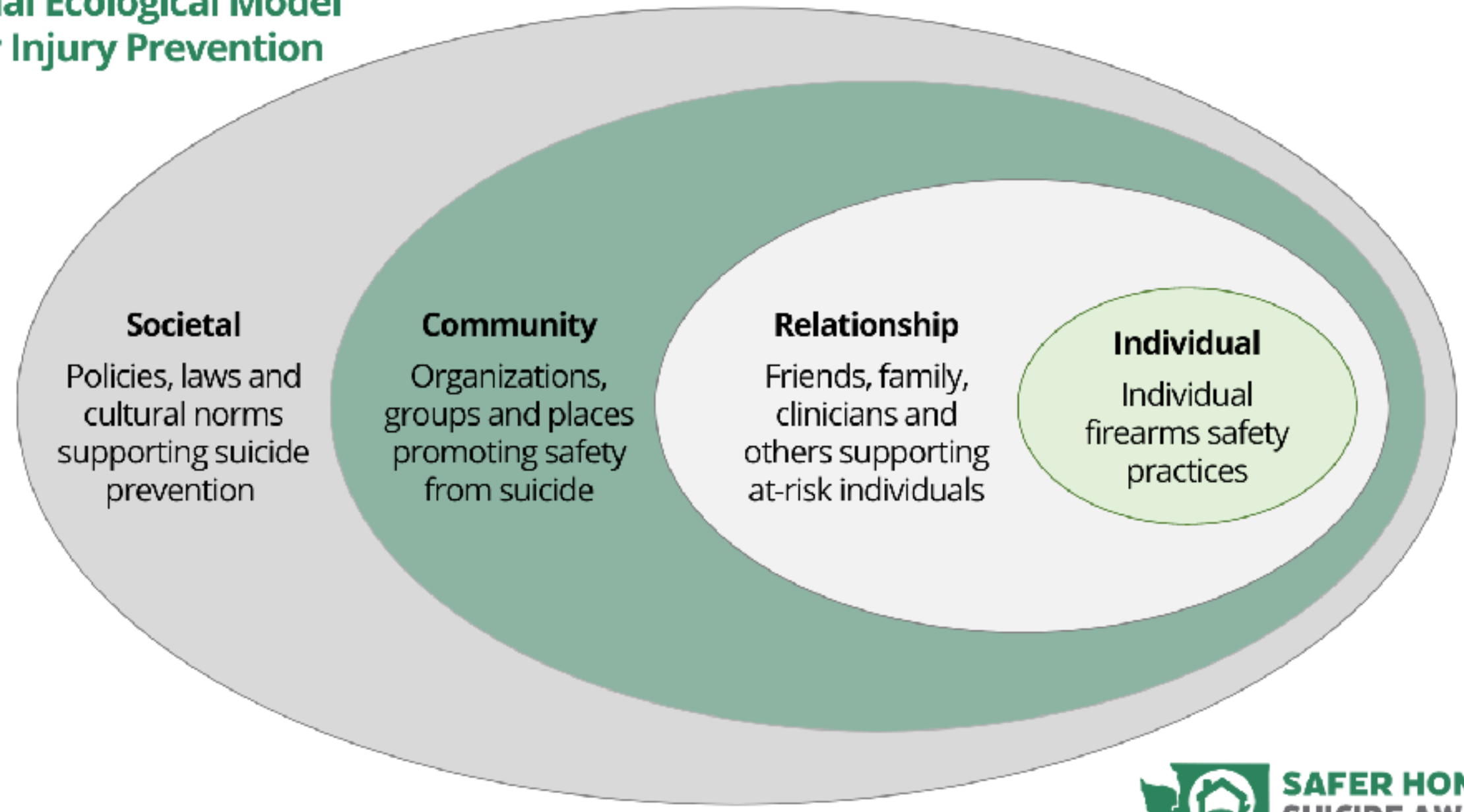
LANGUAGE MATTERS

CHANGING HOW WE TALK ABOUT SUICIDE

Say this....	Instead of this...
Died of suicide	Committed suicide
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt
Suicide	Completed suicide

IS THERE ANYTHING
I CAN DO TO HELP?

Social Ecological Model for Injury Prevention



SAFER HOMES
SUICIDE AWARE

SUICIDE PREVENTION

WHAT NOT TO DO

- Don’t assume that inpatient hospitalization is always the best option
    - ER visits, psychiatric holds, and hospitalization can be a very negative experience
        - To avoid the experience again, the person might not be honest with you about the severity of their suicidality.
- Repeated inpatient hospitalizations can exacerbate the problem (Jobes, 2006)
- When risk is not imminent, there are approaches with greater empirical support for overall reduction in risk

SUICIDE PREVENTION

BECOME A GATEKEEPER

- Recommended Trainings:
    - Question, Persuade, Refer (QPR)
    - ASIST (Applied Suicide Intervention Skills Training)
    - Mental Health First Aid.

SUICIDE PREVENTION

LOOK FOR INTERVENTIONS BACKED BY RESEARCH

- Crisis Response Planning, Safety Planning Intervention
- Lethal Means Counselling
- Caring Letters
- Brief Cognitive Behavioral Therapy for Suicide
- Dialectical Behavioral Therapy

LET'S MAKE A

CRISIS RESPONSE PLAN!

RAINY DAY...

ROUGH MOMENT...

WHY CRISIS RESPONSE PLANNING?

EVIDENCE SUPPORTING CRISIS RESPONSE PLANNING

- Immediately **reduces negative emotional states** among acutely suicidal soldiers. *(Bryan et al., 2018a)*

- Discussing reasons for living during a CRP also **reduces the likelihood of inpatient psychiatric admission** *(Bryan et al., 2018a)*

- **More effective than a contract for safety** in preventing suicide attempts, resolving suicide ideation, and reducing inpatient hospitalization among high-risk active duty Soldiers *(Bryan et al., 2018b).*

WHAT IS THE PLAN FOR?

- Managing feelings of being overwhelmed
- Managing overwhelming feelings
- Staying in control when you're feeling impulsive (in an unhelpful way)
- Managing Suicidal ideation/urges

WHO NEEDS A PLAN

EVERYONE WHO NEEDS HELP COPING

- People at risk for suicide
- People who struggle with risky behaviours
- People who struggle with regulating emotions
- People who are anticipating distressing situations
- … but really, everyone will need help coping at some point, we just don't know when that will be…

WHEN TO MAKE THE PLAN

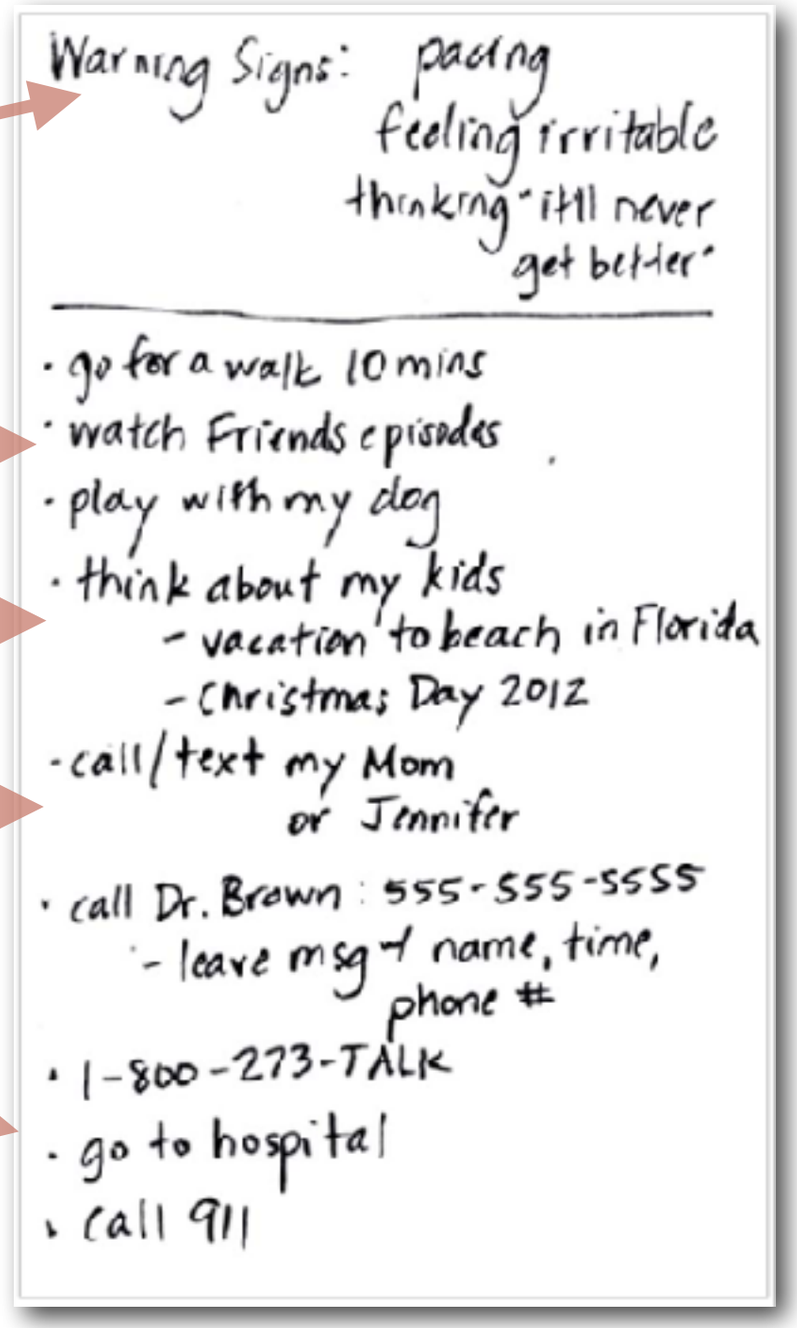
AS SOON AS POSSIBLE

- You don’t prepare for a hurricane in the middle of a hurricane.
- Update it regularly and especially when things change.

WHAT IS THE PLAN?

OUTLINE

1. Personal warning signs
2. Self-management strategies
3. Reasons for living
4. Social supports
5. Crisis/emergency steps



HOW TO MAKE A PLAN

STEPS

1. **Identify personal warning signs:**
   Events, thoughts, sensations, behaviours.

2. **Identify reasons for living:**
   Reason to live for others, reasons to live for self

3. **Identify self-management strategies:**
   Different for everyone, consistent with values

4. **Identify social supports:**
   People who can distract, people who can help

5. Provide crisis/emergency steps

HOW TO USE THE PLAN

- When you recognize your warning signs
    - Review reasons for living
    - Try all the self-management strategies, try, try again.
    - Reach out to social supports
    - Use Crisis services

WHERE TO STORE THE PLAN?

ACCESSIBILITY AND VISIBILITY

- Where do you go when you are distressed?

THREE THINGS TO TAKE AWAY

1. Suicide is a public health problem AND
   we can ALL play a part in addressing it.

2. Asking is the only reliable way to know
   IF and WHY someone is thinking about suicide

3. There are things you can do for someone who thinking about suicide that doesn't involve taking them to the hospital.
   (like making a plan!)

Further Questions/Consultation

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