

Suicide Prevention

February 28th, 2024

The Team



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Topics Covered

- Definitions
- Prevalence of suicidal ideation and behavior
- Risk and protective factors for suicidal behavior
- Safeguarding youth
- Resources
- Q&A

Suicidal Behavior: Definitions

“Will talking about suicide put the idea in someone’s mind?”

No. In fact, talking openly and non-judgmentally about suicide can reduce suicidal ideation and lead to improvements in mental health.

Definitions

Suicidal ideation: a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide.

Passive suicidal ideation: the desire to die without a plan to reach that result.

Suicide attempt: when someone harms themselves with any intent to end their life, but they do not die as a result of their actions.

Suicide: death caused by injuring oneself with the intent to die.

Terminology

Committed Suicide

- “Commit” implies suicide is a crime or a sin, reinforcing stigma. **“Died by suicide”** is neutral phrasing.

Successful/unsuccessful or completed/failed

- We don’t want to frame a tragic outcome as successful or an achievement. **Fatal or non-fatal suicide attempt** is matter-of-fact.

Prevalence of Suicide and Suicidal Ideation



Over
48,000
people died by
suicide in 2021



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

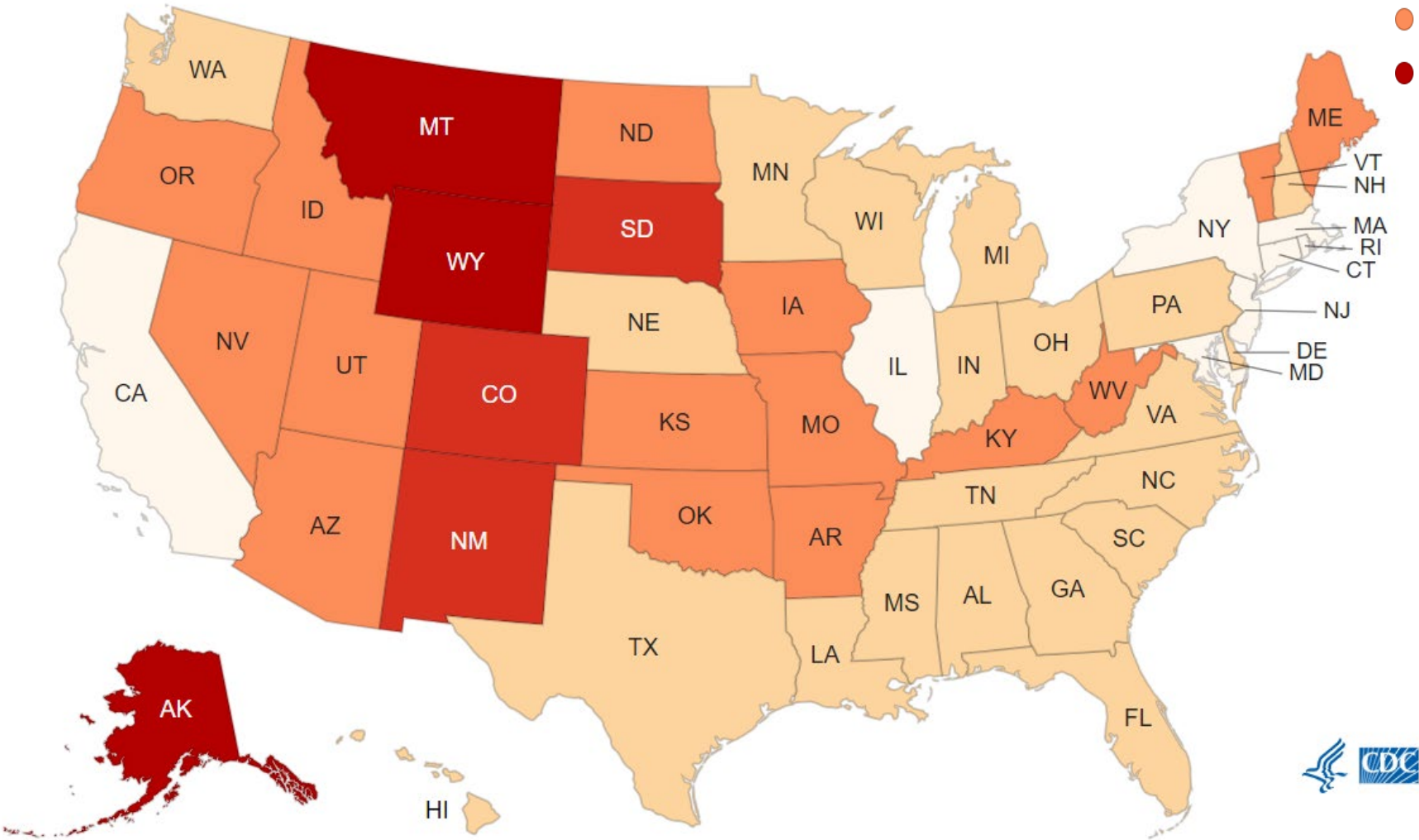
12.3 million
Seriously thought about suicide

3.5 million
Made a plan for suicide

1.7 million
Attempted suicide

In 2021, suicide was the second leading cause of death for people ages 10-14 and 20-34.

Age-Adjusted Death Rates¹

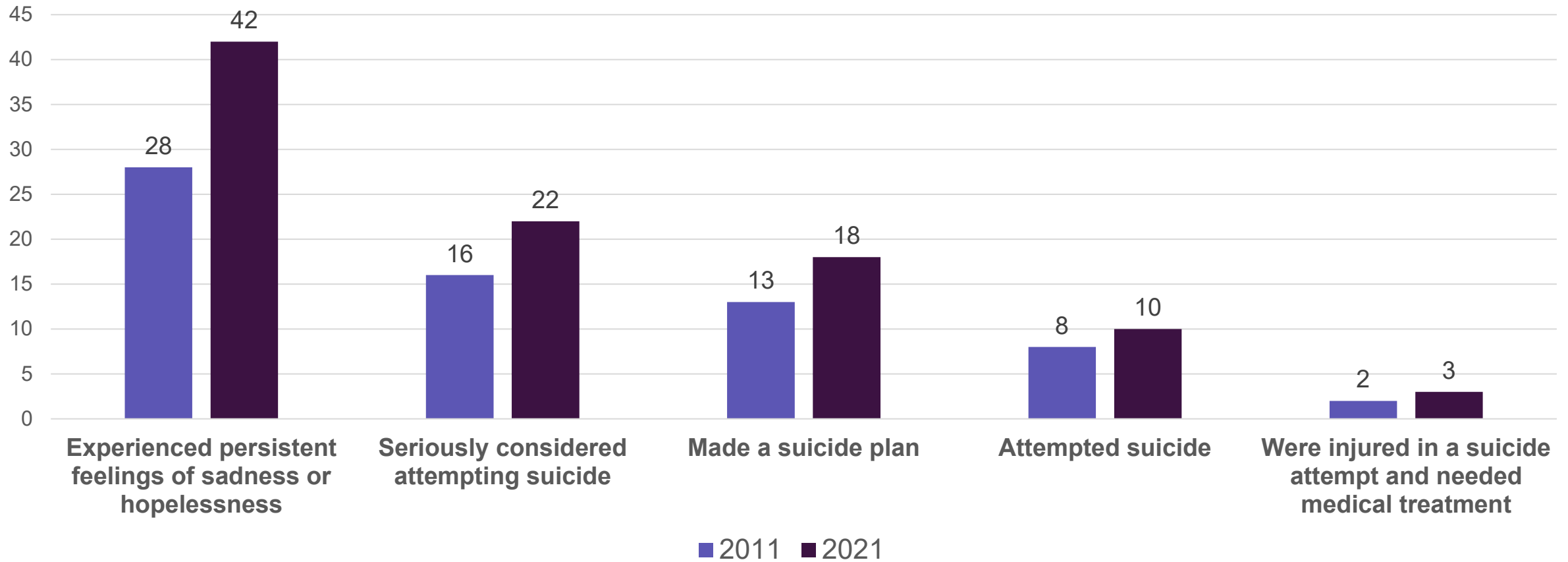


In 2021, New Jersey had the lowest suicide rate of all states in the USA



Self-Reports of Mental Health Problems and Suicidality

% high school students



Mental Health Problems and Suicidality (2021)

- Students were more likely to experience poor mental health and suicidal thoughts and behaviors if they were:
 - **Female**
 - **LGBTQ+ (more than 20% of LGBTQ+ students reported attempting suicide in 2021, more than twice the average)**
- Suicide rates are highest among **non-Hispanic American Indian or Alaska Native youth**.
- Black students were more likely than Asian, Hispanic, or White students to attempt suicide, though Hispanic or multiracial students were most likely to have persistent feelings of sadness.

Duration of Suicidality

Nine out of ten people who attempt suicide will **not** go on to die by suicide at a later date.

The period of heightened risk for suicidal behavior is often only minutes long.

1/3 of suicide deaths in those 18 or younger experienced a crisis within 24 hours of taking their life.

Suicide after a crisis is more likely for adolescents than it is for adults.

Risk and Protective Factors

Risk Factors – Suicide

Previous suicide attempt

History of depression or other mental illness

Serious illness such as chronic pain

Substance use

Anti-depressant medication (side effect for some)

Sense of hopelessness

Violence victimization OR perpetration (including bullying)

Family/loved one's history of suicide

High conflict or violent relationships

Social isolation

Lack of access to healthcare

Suicide cluster in community

Discrimination

Easy access to lethal means

Protective Factors– Suicide

Effective coping
and problem-
solving skills

Strong sense of
cultural identity

Feeling of
belonging/mattering

Support from
friends and family

School
connectedness

Access to high
quality healthcare

Cultural, religious,
or moral objections
to suicide

Warning Signs of Suicidal Ideation/Behavior

Expressing a
desire to die

Feelings of
intense guilt or
shame

Researching
methods for
suicide

Becoming more
isolated

Giving away
important items

Expressing
feelings of
loneliness or
hopelessness

Increased
substance use

Increased risk-
taking

Changes in
behavior or
sleeping
patterns

Visible signs of
self-harm

HOW A CHILD OR YOUTH WITH SUICIDAL THOUGHTS AND BEHAVIORS MAY THINK, FEEL, BEHAVE, AND APPEAR (AACAP, 2018)



Thoughts

- “I’m no good, I’m a failure”
- “I’m a burden to my family and friends”
- “Everyone would be better off if I weren’t around”
- “I can’t take this situation anymore”
- “Life is terrible and won’t get better”
- “Being dead would be better than having to feel this bad”



Feelings

- Feeling worthless, like a failure
- Feeling hopelessness, no reason for living
- Feeling extreme sadness
- Feeling anger
- Overwhelmed with guilt

From Youth Mental Health First Aid



Behaviors

- Talking, writing or posting about death, dying, or suicide (including in creative writing and artwork)
- Talking about being a burden to other people
- Threatening to hurt or kill themselves
- Seeking access to pills, weapons, or other means to kill themselves
- Self-harming behavior such as cutting
- Increasing alcohol or drug use or other risky activities
- Withdrawing from friends and family



Appearance and Well-being

- Appears tired
- Poor hygiene (looks like they have not showered recently)
- Note that it may be very hard to tell that a child or youth is suicidal just by looking at them.

From Youth Mental Health First Aid

WHAT AN ADULT MAY SEE (SIGNS)

At School

- Missing or skipping class
- Not putting effort into schoolwork
- Not paying attention
- Talking, writing, or drawing about death and/or suicide
- Intense anger and/or crying spells
- Fighting with peers and/or teachers

At Home

- Spending more time alone
- Avoiding family time
- Frequently angry or sad
- Intense arguments with family members
- Talking about death or not wanting to be alive

In Social Settings

- Rarely spending time with or even avoiding friends
- Doesn't care as much about things they used to love
- Frequently moody or upset
- Using alcohol or other drugs
- Reckless behavior

Stigma of Suicide

Stigma: “the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual.” (APA)

- Stigma may get in the way of healing and recovery for people who have attempted suicide.
- People who feel suicidal may hesitate to reach out for help because they are afraid of being perceived as weak.
- Families and loved ones of individuals who die by suicide may experience feelings of self-blame or guilt or may feel judged.

Safeguarding Youth

Strategies to Prevent Suicide



Strengthen economic supports

- Improve household financial security
- Stabilize housing



Create protective environments

- Reduce access to lethal means among persons at risk of suicide
- Create healthy organizational policies and culture
- Reduce substance use through community-based policies and practices



Improve access and delivery of suicide care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas
- Provide rapid and remote access to help
- Create safer suicide care through systems change



Promote healthy connections

- Promote healthy peer norms
- Engage community members in shared activities



Teach coping and problem-solving skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs



Identify and support people at risk

- Train gatekeepers
- Respond to crises
- Plan for safety and follow-up after an attempt
- Provide therapeutic approaches



Lessen harms and prevent future risk

- Intervene after a suicide (postvention)
- Report and message about suicide safely

CDC, Suicide facts

Speak Up if You're Worried

“Recently, I’ve noticed some differences in you and I’m wondering how you’re doing?”

“I have been feeling concerned about you lately.”

“I may not be able to understand exactly how you feel, but I care about you and I want to help.”

Don't:

- Argue with the person
- Minimize how they feel, say “just snap out of it”
- Promise confidentiality or swear to secrecy
- Just offer ways to fix the “problem”
- Blame yourself

If you think that someone may be suicidal and need help, reach out to the person about your concerns.

It is important to ask the child or youth directly about suicidal thoughts. The question must be direct and to the point.

“Do you think about ending your life?”

“Are you having thoughts of suicide?”

“Are you thinking about killing yourself?”

It is important to ask these questions without judgement or dread. Appearing confident, loving, and committed to problem-solving in the face of the suicide crisis can be reassuring.



Lethal Means Safety

Lethal means: objects (medications, firearms, sharp instruments) that can be used to inflict self-directed violence.

Lethal means safety: intentional voluntary practice to reduce one's suicide risk by limiting access to lethal means.

- **Access to lethal means is one of the most important risk factors for suicide.**
- **Reducing access to lethal means saves lives.**
- **Firearms are the most lethal among suicide methods.**

If someone is struggling and may be suicidal, one of the most important things we can do to keep them safe is make sure they do not have access to a gun.

Lethal Means Safety - Firearms

For youth ages 18 and under who used a gun in a suicide attempt, **79% used a firearm belonging to a family member** and **19% used their own firearm**.

A suicide attempt with a gun will result in death about 90% of the time.

When to Call 911 vs. 988

988 is the new number that connects people to the National Suicide Prevention Lifeline (trained crisis counselors).

988 is for anyone who is:

- Suicidal
- Experiencing a mental health or substance use-related crisis
- Experiencing any kind of emotional distress

If someone is in the act of harming themselves or could harm others, call 911 immediately.

Help for Those Struggling with Suicidality

Brief Interventions

- Safety Planning Intervention
- Lethal Means Counseling
- Crisis Response Planning

Therapies

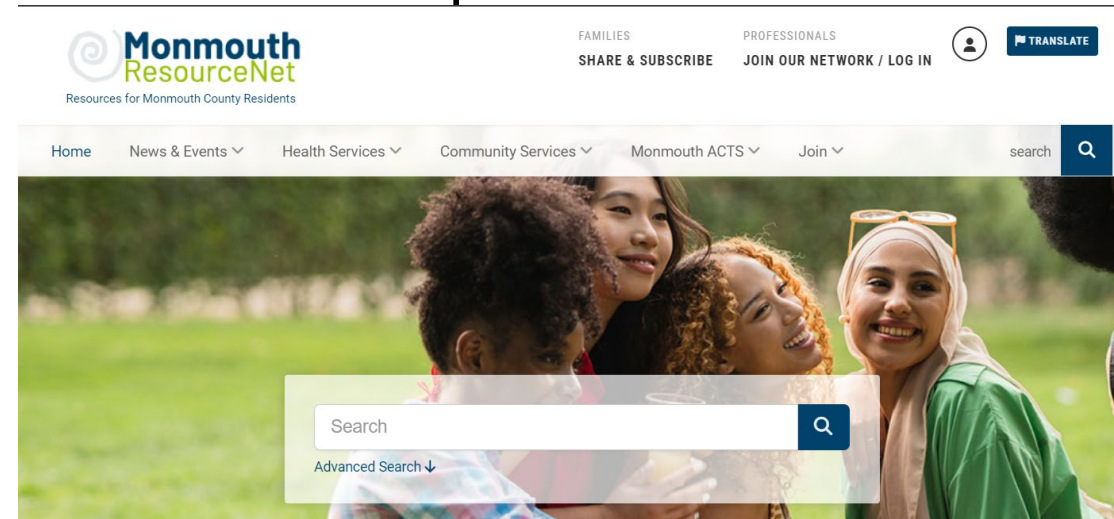
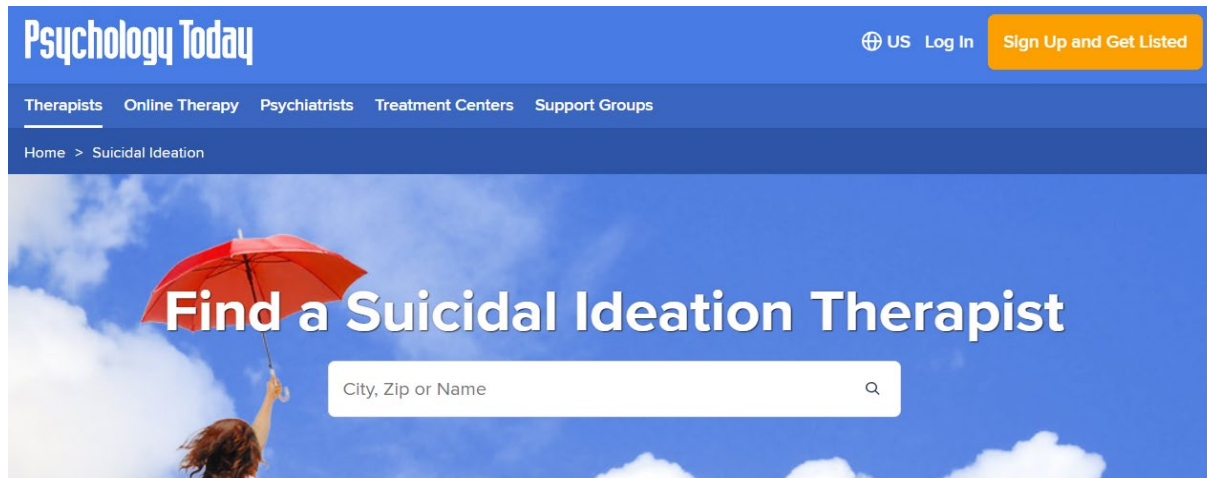
- Collaborative Management and Assessment of Suicidality (CAMS)
- Cognitive Behavioral Therapy- Suicide Prevention (CBT-SP)
- Dialectical Behavior Therapy (DBT)
- Attachment Based Family Therapy (ABFT)

Medication

- Prescribed antidepressant or antipsychotic medications under monitoring by a physician

Finding a Clinician to Help

- Ask your pediatrician for a referral if possible
- If you're insured, look at your insurance to get a listing of those in your area who are covered
- If you're not insured, look for mental health centers in your community
- Students can start with guidance counselors or their NJ4S prevention specialists for help accessing outside care



Welcome to Monmouth ResourceNet Monmouth ACTS - *Serving You Better. Together.*

“If you are a parent of a young person who has made an attempt or seems to be at risk, having direct, open, compassionate conversations has been shown by almost every study to be the most effective approach.”

Martin, C. (2023). How Not to Kill Yourself: Portrait of a Suicidal Mind. United Kingdom: Oneworld Publications.

Connection



FAQ

“But what if I feel like my teen is just joking about it? Or I feel like they are just seeking attention?”

Talking, or even joking about suicide may be a way for a child or teen to indicate just how badly they are feeling. You know your child, but you should always take talking about suicide seriously. It can be a crucial time to intervene and help. Your concern and compassion (even in response to a joke) has the potential to save a life.

FAQ

“I feel like my teen is acting differently—they seem sad or down. I don’t want to overreact, but I’m worried. How can I start this conversation?”

Come from a place of love and concern and be direct. Ask open-ended questions, listen carefully, and withhold judgment.

You can start with something as simple as, “Are you okay?” and prompt for more, “Can you tell me more about that? I want to understand more about what that’s like for you.”

If it seems to you that they feel hopeless, trapped, or overwhelmed, then ask if they ever think about hurting themselves or ending their life.

Resources

For Parents and Other Caregivers



society for the prevention of teen suicide

Worried about Suicide? Learn the **FACTS!**

Are you concerned that someone you know may be at risk for suicide? Your first step in helping may be as simple as learning the **FACTS** or warning signs. The following signs may mean that a youth is at risk for suicide, particularly if that person attempted suicide in the past.

FEEELINGS

- Expressing hopelessness about the future.

ACTIONS

- Displaying severe/overwhelming pain or distress.

CHANGES

- Showing worrisome behavioral cues or marked changes in behavior, including: withdrawal from friends or changes in social activities; anger or hostility; or changes in sleep.

THREATS

- Talking about, writing about, or making plans for suicide.

SITUATIONS

- Experiencing stressful situations including those that involve loss, change, create personal humiliation, or involve getting into trouble at home, in school or with the law. These kinds of situations can serve as triggers for suicide.

If you notice any of these warning signs, you can help!

1. Express your concern about what you are observing in their behavior
2. Ask directly about suicide
3. Encourage them to call the National Suicide Prevention Lifeline at 800-273-TALK (8255)
4. Involve an adult they trust

Remember, if you have **IMMEDIATE** concern about someone's safety, call 911 right away!

Suicide is a preventable problem.

By taking the time to notice and reach out to a peer, you can be the beginning of a positive solution.

**Don't Forget -
Youth Suicide Prevention is Everyone's Business!**

**Society for the
Prevention of Teen
Suicide**
sptsusa.org



988 Suicide & Crisis Lifeline

We can all help prevent suicide. The 988 Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.



Call, text, chat

Support for NJ Youth- 2nd Floor (2ndfloor.org)

2NDFLOOR
888-222-2228
YOUTH HELPLINE

FOR PROFESSIONALS

ABOUT US MESSAGE BOARD GET INFORMED GALLERY MORE HELP EN ESPAÑOL

I CAN TEXT
888-222-2228
FOR IMMEDIATE HELP

WE'RE HERE TO HELP

ABOUT US

2NDFLOOR is a confidential and anonymous helpline for New Jersey's youth and young adults. We are here to help you find solutions to the problems that you face at home, at school or at play.

[LEARN MORE](#)

HELPLINE

If you are between the ages of 10 and 24, live in New Jersey, and need to talk about an issue or problem that you are facing call 888-222-2228 anytime or [text us at 888-222-2228](#).

[CALL US](#)

MESSAGE BOARD

Feb. 26, 2024, 1:34 a.m.
My boyfriend posted online the ...
[View thread in forum >](#)

Feb. 23, 2024, 5:40 p.m.
changing schools and being alone
[View thread in forum >](#)

[POST A MESSAGE](#)

The Trevor Project

Get Help ▾ Explore Topics ▾ Meet Friends ▾ 

Reach A Counselor

The Trevor Project is
here for you,
day or night.

The Trevor Project is the leading suicide prevention and crisis intervention nonprofit organization for LGBTQ young people. We provide information & support to LGBTQ young people 24/7, all year round.

Lethal Means Safety

Training for parents and mental health professionals called Counseling on Access to Lethal Means (CALM) can help families learn to develop a specific plan to reduce access to lethal means



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Counseling on Access to Lethal Means

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Course Description

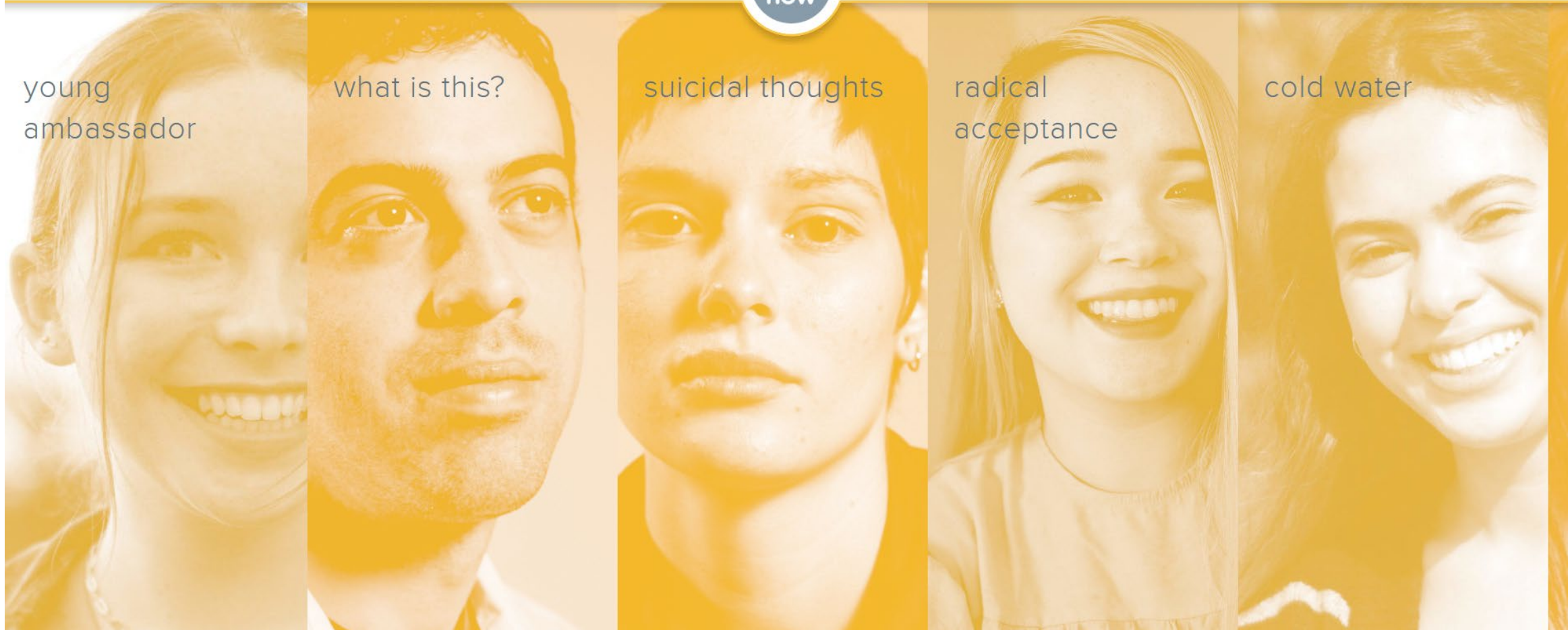
Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies.

Now Matters Now

SKILLS TOOLS & TRAINING ABOUT TEAM



HELP NOW



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**for more information and
resources**

Q&A





Partnership
to End Addiction