

Reducing Risk and Promoting Healing For Individuals and Communities After A Suicide

Frameworks Suicide Prevention Project

SUICIDE FACTS

- According to the CDC, 90% of all people who die by suicide have either a mental illness or substance abuse disorder
- Suicide is the third leading cause of death for teens and young adults to age 24 in the US (after accidents and homicides)
- It is the second leading cause of death for ages 25-34 and the 11th leading cause of death for all ages
- The highest rates of suicide are among older adults
- Males die by suicide at a rate 4x higher than females; Females attempt 3x more than males

CORE VALUES AND UNDERLYING ASSUMPTIONS:

- Suicide is a public health problem.
- Helping survivors deal with the loss and grief in an appropriate way is important for everyone.
- Taking the right action after a suicide (postvention) can be prevention for future suicides.
- Suicide prevention extends far beyond youth, into the entire life-span.
- Cultural factors are important in suicide prevention and postvention.
- Education and linkage between individuals and systems will help in postvention and prevention efforts.

SUICIDE and MENTAL ILLNESS

Major Depression	15% die by suicide; 30% attempt (Source: American Foundation for Suicide Prevention)
Bipolar Disorder	10% die by suicide; 25-50% attempt (Source: AFSP)
Schizophrenia	10% die by suicide; 20-40% attempt (Source: AFSP)
Alcoholism	7% die by suicide (Source: AFSP)
Anxiety Disorders including PTSD	Over 50% attempt (Source: Molnar et al, 2001)

SURVIVORS OF SUICIDE

- The term survivor is used for family, friends and colleagues who have lost a loved one to suicide
- 20% of all United States citizens will have experienced the suicide death of a family member
- 60% of all United States citizens will have experienced the suicide death of someone they know
- Survivors often experience complicated bereavement including profound shame, self blame and regret
- Many survivors engage in a relentless search for the answer to "Why?"
- Survivors are statistically at higher risk for suicide
- Survivors often benefit from contact with other survivors e.g.. Survivor Of Suicide (SOS) support groups

EVIDENCE SUPPORTED PROTOCOLS

- Project developed specific response protocols (guidelines) to suicide events (thoughts, threats, attempts, deaths)
- Protocols identify evidence supported and best practices for key service providers
- Protocols emphasize collaboration and attempt to close gaps between service providers/systems
- Separate protocols developed for prevention/intervention and postvention
- Protocol based training developed for each key service provider

PROJECT GOALS:

- Increase knowledge of suicide and risk of contagion and its impact on survivors and communities
- Promote an integrated response after a suicide to reduce risk and support individual and community healing through increased understanding and utilization of protocols and best practices.
- Enhance understanding of cultural norms and the complexity of grief resulting from suicide death
- Encourage use of coping skills for self and others after a loss
- Increased awareness of, and ability to access, resources to use in responding to suicide death
- Improve ability to recognize warning signs of individuals at risk after a suicide and connect them with health care providers
- Reduce stigmatizing attitudes and increase help seeking behaviors

FOCUS ON EARLY DETECTION AND INTERVENTION:

- **Recognize** – People at risk for suicide
- **Connect** – (communicate) with the individual
- **Connect** – the person to a qualified professional who can assess risk and connect with treatment
- **Connect** – the community on working together on suicide prevention

PROTOCOLS DEVELOPED FOR:

- Family, Friends, Colleagues
- Schools/Educators
- Clergy/Faith Leaders
- Emergency Medical Services
- Emergency Departments
- Law Enforcement-Dispatch
- Medical Examiner (Coroner)
- Social Service Agencies
- Teens/students
- Primary Care Providers
- Community Coordinator
- Funeral Directors
- Mental Health and Substance Abuse Providers

PROTOCOLS - SUPPORTING MATERIAL

- Memorial Services and Death Notices
- Suicide Contagion
- Language
- Community Risk and Protective Factors
- Media Guidelines
- Safe Messaging Guidelines
- Lethal Means Restriction
- Community Forums
- Cultural Competence
- Resource Information
- Applicable laws and Regulations



STIGMA REDUCTION:

- Stigma associated with suicide is complex
- Negative stigma prevents people from seeking help, or causes family members to feel isolated and ashamed following a suicide death
- Stigma can be beneficial if it prevents people from acting on suicidal impulses

RESPONSIBLE REPORTING AND SAFE MESSAGING

- Encourage reporters and editors to follow media guidelines when reporting on suicide
- Monitor media reports on suicide and provide immediate feedback
- Educate journalism students about media guidelines and responsible reporting on suicide
- Familiarize first responders and other key service providers with safe messaging and media guidelines
- Monitor electronic media including social networking sites (My Space and Facebook) after a suicide
- Provide annual award to media for responsible reporting



COMMUNITY INTEGRATED MODEL

- Project implementation and training occurs through existing coalitions
- Use of protocols insures consistent response and builds trust in community
- Involves service providers and gatekeepers (family, friends, survivors etc)
- Encourages identifying and addressing community risk and protective factors
- Emphasis on recognizing risk factors and warning signs offers opportunity for early detection and intervention with other problems such as substance abuse, mental illness, delinquency, domestic violence, harassment etc
- Encourages collaboration with other prevention activities

COMMUNITY IMPLEMENTATION PROCESS:

- Assist communities to develop a coordinated response plan prior to a suicide death
- Model can also be used after a death to insure appropriate response
- Frameworks staff provide training and technical assistance
- Utilize a train the trainer model
- Focus on process as well as content
- Community development component
- Evaluate outcomes/process

PREVENTING SUICIDE CONTAGION

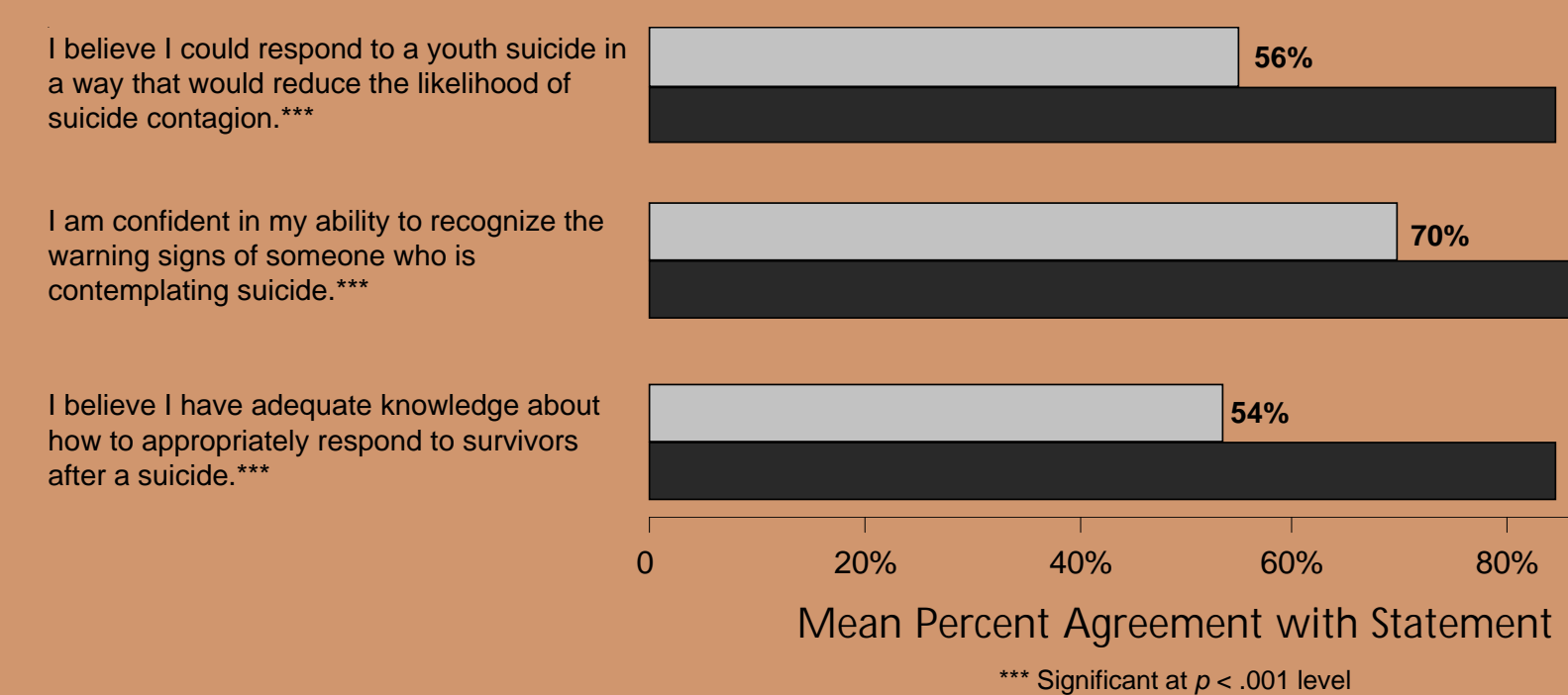
Research Shows and Increase in Suicides When:

- The number of stories about individual suicides increases.*
- A particular death is reported at length or in many stories.*
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast.*
- The headlines about specific suicide deaths are dramatic (A recent example: "Boy, 10, Kills Himself Over Poor Grades").*

*American Foundation For Suicide Prevention (For The Media)

EVALUATION METHODOLOGY

- Data for the evaluation of the postvention (after a suicide death) were collected from participants using pre- and post-training questionnaires developed for the project.
- Quantitative data were analyzed using SPSS and qualitative data were content analyzed for relevant themes and patterns.
- Project evaluation also includes SAMHSA Cross Site evaluation
- Project Evaluator is Dr. Kristine Baber of the University of New Hampshire Center on Adolescence



POSTVENTION TRAINING (RESPONDING AFTER A SUICIDE DEATH) EVALUATION RESULTS:

- Frameworks postvention trainings significantly increased both knowledge about youth suicide and understanding of appropriate responses to its occurrence.
- The Frameworks trainings increased participants' confidence in their ability to effectively respond to a youth suicide in a way that would reduce suicide contagion.
- There was evidence that the trainings also increased participants' belief that they had the knowledge to both recognize the warning signs of a youth who was contemplating suicide and respond to survivors after a suicide.

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Team Frameworks!