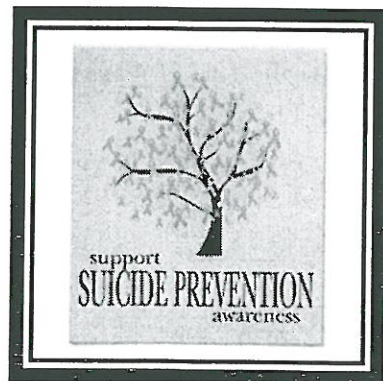


SUICIDE AWARENESS AND PREVENTION



LVCO Suicide Prevention Coalition



THE FACTS AN OVERVIEW OF SUICIDE

REVIEWING THE FACTS

- ▶ About every 13 minutes someone in this country intentionally ends his/her life.
- ▶ Suicide is considered to be the second leading cause of death among college students.
- ▶ Suicide is the second leading cause of death for people aged 25-34.
- ★ Suicide is the third leading cause of death for people aged 10-24.
- ▶ Suicide is the fourth leading cause of death for adults between the ages of 18 and 65.
- ▶ Suicide is highest in white males over 85. (51/100,000, 2010)
- ▶ The suicide rate in the United States was 12.6/100,000 in 2013.

REVIEWING THE FACTS

- There has been a 30% increase in Kansas Suicides since 2000.
- In 2014 the Suicide Rate in LVCO was 16.1
- In September 2014, a family in Leavenworth lost their 13 year old daughter to suicide.
- In November 2014, a family in Easton, Kansas lost their 16 year old daughter to suicide.
- One of the 5 children (age 14), in the State of Kansas, to complete suicide in 2012 was from Leavenworth County (City of Leavenworth).
- 3.3% of the total suicides reported in Kansas between 2011 and 2013 occurred in Leavenworth County.

SUICIDE RATE COMPARISON

12.6 UNITED STATES
14.9 KANSAS
16.1 LEAVENWORTH COUNTY

DEATHS/100,000 POPULATION

After cancer and heart disease, **suicide** accounts for more years of life lost than any other cause of death.

REVIEWING THE FACTS

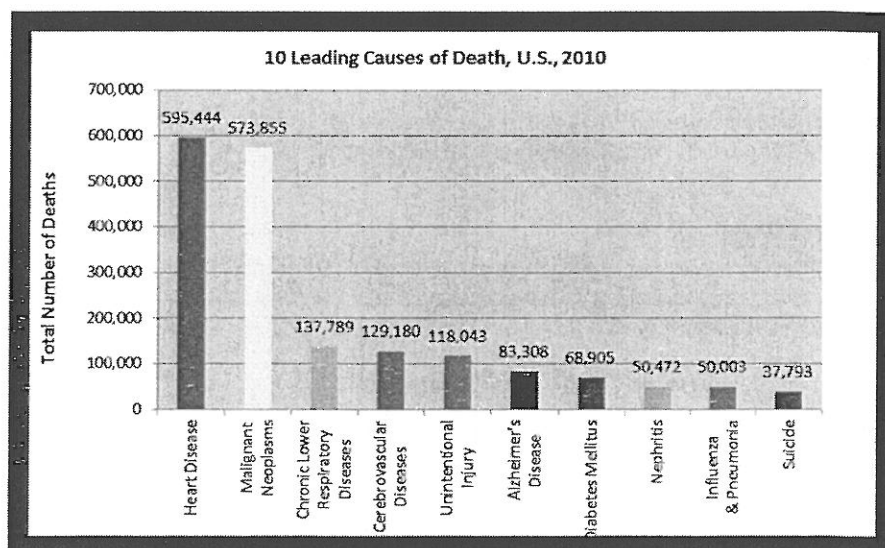
- Between January 1st and December 1st 2014, The Guidance Center's After Hours Emergency Services in Leavenworth screened and recommended hospitalization for:
 - twelve children under the age of 14,
 - seventy-three individuals between ages 14 and 24, and
 - seventy-six individuals over the age 25 for suicide attempts or threats.
 - Seventeen individuals screened were veterans under the age of 26.
- From 2000 to 2013 a total of 113 deaths (2.4% of all deaths) in Leavenworth County were recorded by the State of Kansas as Suicides. Forty-six of those deaths occurred between 2011 and 2013 (41%).
- According to the Kansas Department of Health and Environment, sixty-seven individuals from Leavenworth County completed suicide between 2000 and 2010.
- There were 8 suicides in 2011, 16 suicides in 2012 and 14 suicides in 2013.

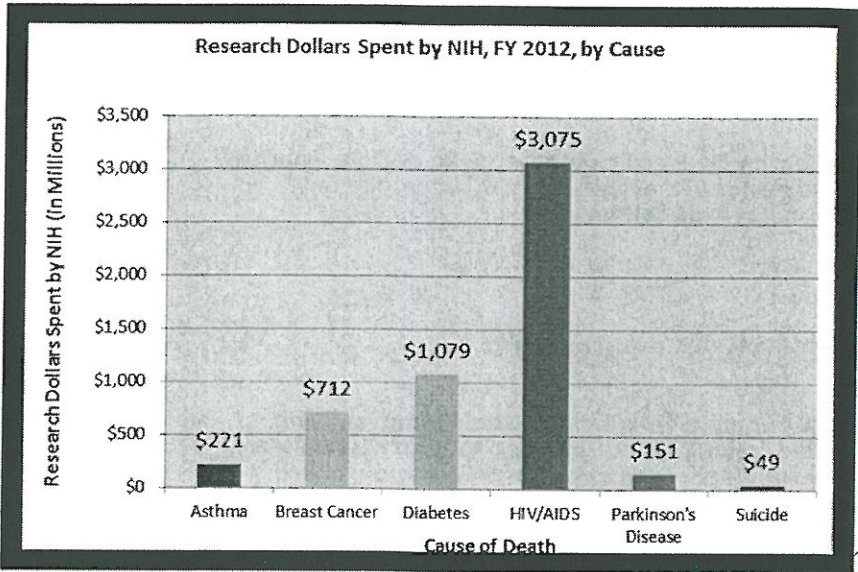
Death by Suicide and Psychiatric Diagnosis

Psychological autopsy studies done in various countries over almost 50 years report the same outcomes:

- 90% of people who die by suicide are suffering from one or more psychiatric disorders:
 - Major Depressive Disorder
 - Bipolar Disorder, Depressive phase
 - Alcohol or Substance Abuse*
 - Schizophrenia
 - Personality Disorders such as Borderline PD
 - PTSD

*Primary diagnoses in youth suicides.





MYTHS VERSUS FACTS ABOUT SUICIDE

MYTH:

People who talk about suicide don't complete suicide.

FACT:

Many people who die by suicide have given definite warnings to family and friends of their intentions. Always take any comment about suicide seriously.

MYTH:

Suicidal people are fully intent on dying.

FACT:

Most suicidal people are undecided about living or dying, which is called "suicidal ambivalence." A part of them wants to live; however, death seems like the only way out of their pain and suffering. They may allow themselves to "gamble with death," leaving it up to others to save them.

MYTH:

Suicide happens without warning.

FACT:

Most suicidal people give clues and signs regarding their suicidal intentions.

MYTH:

Men are more likely to be suicidal.

FACT:

**Men are four times more likely to kill themselves than women.
Women attempt suicide three times more often than men do.**

MYTH:

Asking a depressed person about suicide will push him/her to complete suicide.

FACT:

Studies have shown that patients with depression have these ideas and talking about them does not increase the risk of them taking their own life.

MYTH:

Improvement following a suicide attempt or crisis means that the risk is over.

FACT:

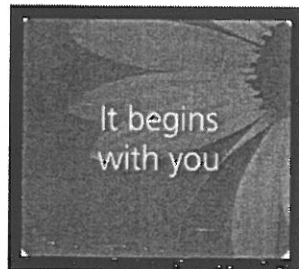
Most suicides occur within days or weeks of "improvement," when the individual has the energy and motivation to actually follow through with his/her suicidal thoughts. The highest suicide rates are immediately after a hospitalization for a suicide attempt.

MYTH:

Once a person attempts suicide, the pain and shame they experience afterward will keep them from trying again.

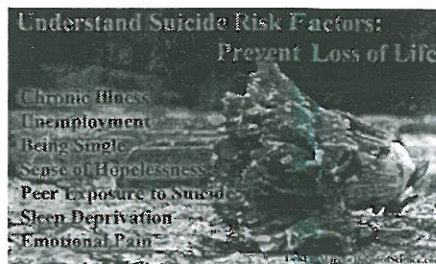
FACT:

The most common psychiatric illness that ends in suicide is Major Depression, a recurring illness. Every time a patient gets depressed, the risk of suicide returns.



Prevention may be a matter of a caring person with the right knowledge being available in the right place at the right time.

- ▶ Psychiatric disorders
- ▶ Past suicide attempts
- ▶ Symptom risk factors
- ▶ Socio-demographic risk factors
- ▶ Environmental risk factors



RISK FACTORS

Psychiatric Disorders

Most common psychiatric risk factors resulting in suicide:

- Depression*
 - Major Depression
 - Bipolar Depression
- Alcohol abuse and dependence
- Drug abuse and dependence
- Schizophrenia

*Especially when combined with alcohol and drug abuse

Other psychiatric risk factors with potential to result in suicide (*account for significantly fewer suicides than Depression*):

- ▶ Post Traumatic Stress Disorder (PTSD)
- ▶ Eating disorders
- ▶ Borderline personality disorder
- ▶ Antisocial personality disorder



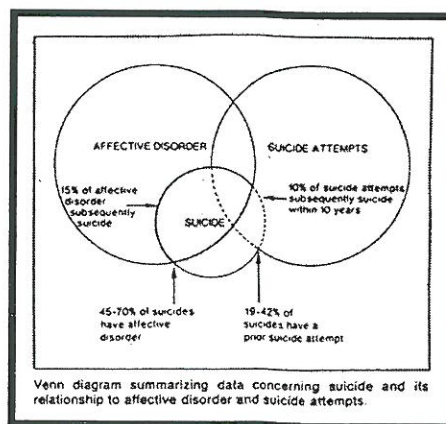
Past suicide attempt

After a suicide attempt that is seen in the ER about 1% per year take their own life, up to approximately 10% within 10 years.*

More recent research followed attempters for 22 years and saw 7% die by suicide.**

*Jenkins et al, BMJ, 2002

**Carter et al, BJP, 2007



Symptom Risk Factors During Depressive Episode:

- ▶ Desperation
- ▶ Hopelessness
- ▶ Anxiety/psychic anxiety/panic attacks
- ▶ Aggressive or impulsive personality
- ▶ Has made preparations for a potentially serious suicide attempt* or has rehearsed a plan during a previous episode
- ▶ Recent hospitalization for depression
- ▶ Psychotic symptoms (especially in hospitalized depression)

*Coryell W, Young et al. J Clin Psych. 2005

RISK FACTORS



- Major physical illness, especially recent
- Chronic physical pain
- History of childhood trauma or abuse, or of being bullied
- Family history of death by suicide
- Drinking/Drug use

ADDITIONAL RISK FACTORS

Socio-demographic Risk Factors

- ▶ Male
- ▶ Over age 45 - 64
- ▶ White
- ▶ Separated, widowed or divorced
- ▶ Living alone
- ▶ Being unemployed or retired
- ▶ Occupation: health-related occupations higher (dentists, doctors, nurses, social workers)



Environmental Risk Factors

- ▶ Easy access to lethal means
- ▶ Local clusters of suicide that have a "contagious influence"





PREVENTING SUICIDE IN LVCO

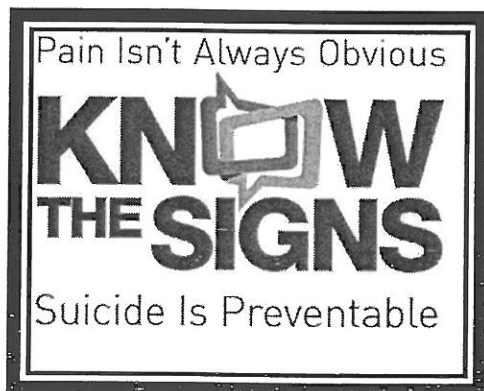
Prevention within our community

- Education
- Screening
- Treatment
- Means Restriction
- Media Guidelines



Individual and Public Awareness

- Primary risk factor for suicide is psychiatric illness
- Depression is treatable
- Destigmatize the illness
- Destigmatize treatment
- Encourage help-seeking behaviors and continuation of treatment



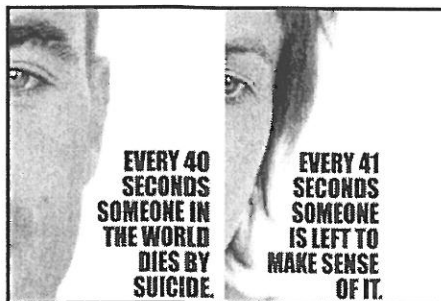
YOU CAN HELP

- ▶ Most suicidal people don't really want to die – they just want their pain to end
- ▶ About 80% of the time people who kill themselves have given definite signals or talked about suicide

YOU CAN HELP

Warning Signs

- ▶ **Observable signs of serious depression**
 - ▶ Unrelenting low mood
 - ▶ Pessimism
 - ▶ Hopelessness
 - ▶ Desperation
 - ▶ Anxiety, psychic pain, inner tension
 - ▶ Withdrawal
 - ▶ Sleep problems
- ▶ **Increased alcohol and/or other drug use**
- ▶ **Recent impulsiveness and taking unnecessary risks**
- ▶ **Threatening suicide or expressing strong wish to die**
- ▶ **Making a plan**
 - ▶ Giving away prized possessions
 - ▶ Purchasing a firearm
 - ▶ Obtaining other means of killing oneself
- ▶ **Unexpected rage or anger**



YOU CAN HELP

Intervention

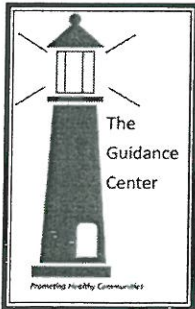
Three Basic Steps:

1. Show you care
2. Ask about suicide
3. Get help



YOU CAN HELP

POTENTIAL RESOURCES

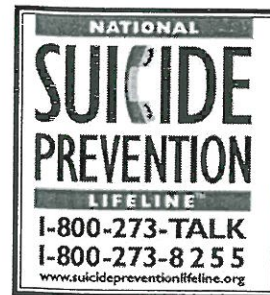


500 Limit Street
Leavenworth, KS 66048
Phone: 913-682-5118
After Hours Emergencies: (888-260-9634)

Our Local Law Enforcement is trained in Mental Health Crisis Intervention and Mental Health First Aid. Call 911 in an emergency situation.

Cushing-St. Luke's Hospital
913-684-1100
711 Marshall

St. John Hospital
913-680-6000
3500 S. 4th St.



THANK YOU FOR YOUR INTEREST!

QUESTIONS?

