Understanding and preventing suicide: 
What you can do to help

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Change how we talk about suicide:

- Don’t say “committed suicide”

Use: “died by suicide”
“lost to suicide”
“died from depression”
“died of brain illness”

How common is suicide?

- Suicide is a rare event.
  - U.S. population: 14.2 per 100,000 = 48,000+ / year
- Veterans: 20%+ of all U.S. suicides - 13% population
- Rates rise with age; highest rates among white men in 70s and 80s (51 per 100,000 in men over 85)
- Men far more likely to die by suicide: men 4X more likely to die (80% vs 20%)
- More rural than urban (fewer resources, more isolation, greater access to firearms)

Efforts in Prevention

- Limit access to easy, lethal methods
- Mass media coverage
- Religious proscriptions
- Desecration of corpse
- Crime against the state
- Telephone, text, internet crisis lines
- Primary medical care assessment
- School prevention programs
- Gatekeeper programs: MHFA, QPR, ASIST, Kognito
- Hospital non-demand follow-up programs
- Targeting suicidality, not just treating disorder

Mostly known what does not work; now have EBTs

90-95% of suicides have identifiable brain illness

- Depression
- Bipolar disorder
- Schizophrenia
- Substance abuse
- Anxiety disorder; Anorexia, Borderline Personality
- Just like heart disease and cancer, these are potentially fatal illnesses

Suicide: Causes

Most explanations are too simplistic: never the result of single factor or event.
No single CAUSE of suicide; only CAUSES.

- Highly complex interaction of biological, psychological, cultural, sociological factors.
- Multiple risk factors increase risk

- Mental disorders
- Substance abuse
- History of trauma / abuse
- Head injury/brain trauma
- Modeled by others
- Firearm in the home
- Social isolation
- Pain sensitivity
- Fearlessness
- Stigma re: help-seeking
- Economic hardship
- Insomnia
Suicide risk factor with greatest effect

**Social isolation:** actual isolation from others or feeling left out even when others are around
- Everyone needs to feel part of family/tribe/group where they are valued, loved, supported
- Situations can cause person to feel they aren’t; risk increases because of social rejection, including bullying, child abuse, being LGBTIQ.
- Withdrawal is symptom of depression, but need to know WHY person not meaningfully involved

**Lack of belonging / social connection greatest risk**


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**Why do people kill themselves?**

Don’t want to die; want to end intolerable pain.
- Confluence of pain and hopelessness, alienation and perceived burdensomeness that matters.
- 70% give some warning; having safety plan is critical
- 60-85% people who attempted and were rescued report being glad they lived


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**Depression: Influences**

- Biology:
  - changes in brain structure and chemistry
  - inflammation
  - hereditary vulnerability
  - injury to brain
- Environment:
  - stresses can trigger and/or worsen episodes
- Cognition:
  - thoughts / beliefs

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**Treatment / Intervention**

**Medication / Treatment** Improve brain function. Meds that reduce suicide risk: lithium, clozapine, ketamine
- Electroconvulsive Therapy (ECT)
- Vagus nerve stimulation (VNS)
- Transcranial Magnetic Stimulation (TMS)
- Neurofeedback (NFB)
- Transcranial alternating current stimulation* (TACS)
- Eye Movement Desensitization/Reprocessing (EMDR)

**Cognitive Behavioral Therapy (CBT + DBT)** Change negative thoughts that reinforce and worsen feelings. Target suicidality, not just treat disorder

**Environmental changes**
- Reduce stress
- Increase protective factors
Lack of belonging or social connectedness is great risk

**Social isolation**: actual isolation from others or feeling left out even when others are around

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What’s different about now?

**Always increase in suicides after disasters: 60-90 day from acute impact**
- Economic downturn longer: year +
  - Anxiousness and low mood tripled after onset
  - Peaked in April, went down to pre-level by June
- Worse with more time on social media
  - Breakdown in service delivery system (system operated on narrow margin before; now completely overwhelmed)
  - Telehealth helpful, but poor / homeless don’t have laptops/broadband
  - Breakdown in social support (loneliness is worse for humans than smoking or obesity; increases anxiety, depression, substance abuse, health problems)

JAMA, 2020; Newsweek, 2020; Kaufman, 2019, Hoffman, 2019

Normal reactions to very abnormal event

- Physical, cognitive, emotional arousal is automatic natural reaction to threat
- **Fight, flight, freeze: great short-term response, not so great for long-term. Can exhaust us physically, mentally and emotionally**
  - Intended outcome is: expend energy!
  - This is why exercise works: expends energy, releases pent-up tension

Resiliency

- Ability to bounce back from adversity
- People who are more resilient are: allow themselves to feel bad in adversity, but believe in their ability to cope and resolve problems, resulting in sense of well-being
- Resilient people allow sorrow and joy to coexist, to celebrate life’s blessings while acknowledging their grief.
- Resilient people know when and how to ask for help.
How to know when it’s a problem?
Anxiety and sadness are different from an anxiety disorder or depression.

- Everybody has times when they’re worried or anxious. That’s normal and not a disorder.
- Everybody has times when they’re sad or upset. That’s normal and not depression.

Not your job to diagnose...
Notice, listen, and encourage professional help

- “I’ve noticed... and I’m concerned about you.”
- Do you have a doctor or therapist that you could talk to about your symptoms? (Many illnesses have symptoms that mimic those of anxiety and depression)
- Encourage self-help
- Offer resources for treatment and support, (if it’s a friend, including yourself!)

What would you say?
- Ask the question directly:
  Are you having thoughts of suicide?
  Are you thinking of killing yourself?
- If yes, then:
  Tell me more about that.
  What have you thought about doing?
  Do you have a plan?
  Have you started to collect the things you’d need to act on that?

Taking Care of Each Other

- Recognize stress in your co-workers or friends and respond:
  “I know you said you’re OK, but you sound...” or “but I’ve noticed”
- Listen, without trying to problem-solve
- Where appropriate, offer help or resources.
  Start with, “If you’d like, I could...”

When you see a change in a person, that lasts more than a short period:

- Affecting their thinking, emotions, behavior
- Severe enough to interfere with their ability to:
  - work or learn
  - carry out daily activities
  - engage in satisfying relationships with others

How do you do that? Seize the Awkward commercial by Mental Health Ad Council available on youtube

Listen for comments that worry you:
- I just wish I wouldn’t wake up tomorrow.
- Sometimes I don’t feel like going on.
- I can’t take it any longer.
- I think everyone would just be better off without me.
- Sometimes I wish I were dead.

It’s a myth that asking someone if they’re suicidal will put the idea in their head.

National Crisis Line: (1-800-273-TALK) Next year: 988
Don’t:

- Have the same standards or expectations for people as you would pre-pandemic.

“You are not ‘working from home’. You are ‘at your home’ during a crisis, trying to work.”

Canadian federal government

That is a big distinction!

Humans HATE begin out of control.

So, what can I control?

Most importantly, you control your own thoughts. It’s not just what happens. It’s what you tell yourself about what happens.

Example: “I was irritable with my kids today because I’m so stressed. I’m a terrible parent.”
Or: “I was irritable with my kids today because I’m so stressed. I’m doing the best I can right now.”

Example: I can’t take this any longer! Or: This won’t last forever. I can manage right now.

Do: Talk openly with others

- Remember how the person usually is - not how they are in this moment. Snippy or irritable? You don’t have to show up to every argument you get invited to! Instead, try:
  “That’s not like you. How are you doing, really?”

- Decrease stigma. “All of us will have good days and bad days.” It’s not about who’s strong.

Do:

Model taking care of yourself for others

✓ “I’m taking time off this afternoon, so I won’t be answering email.”
✓ “As soon as we’re done, I’m going out for some exercise.”
✓ “I’m having a hard time some days, too.”

Helpful Tips:

- Express gratitude for what you do have. “Grief and gratitude can sit at the same table.”
- Be mindful: Find the beauty, peace and comfort in things around you (flowers, art, good food, kindness of others, great music)
- Focus on what you CAN control. Here’s what I can do.
- Chunk your quarantine - week, day, hour, 5 minutes

Flow: Being so completely absorbed in a project that you lose track of time

People in quarantine: Those who tolerated best were NOT those who were the most optimistic or the most introverted or the most mindful.

They were those who found the most flow.
Helpful Tips:

- Share your feelings with others. Be honest about irritation, sadness, guilt, anger, anxiety you feel. You are not alone in it.
- **Not sure how it’s affecting you?** Ask someone you really trust to tell you the truth. How am I doing? What have you noticed that’s different about me?
- It’s a sign of strength to ask for help when you need it.
- **Self-soothing:** Activities that have a repetitive, left-right action: knit, run, drum, swim, crochet.

Environmental Changes

Reduce stress in any way!
Intervene in:
- conflict with: family, work, bully, teacher, neighbor
- abuse / sexual abuse / domestic violence
- inadequate sleep / exercise / sunlight
- nutrition deficits: B6, B10, D3, zinc, magnesium
- social concerns / hygiene
- meditation / mindfulness / yoga / Tai Chi
- unmet spiritual needs

Environmental Changes

Increase protective factors:
Engage with nature: 120 minutes/week
- lowers blood pressure, pulse rate, cortisol
- Hike, garden, plants, walk beach, “forest bathing”
Find purpose / meaning in life:
- Work, art, music, dance, hobby, craft
Teil your story: write / audio / video
- Dark Chocolate: 1-2 ounces/day
Service to others: Volunteer
- Small acts of kindness

To decrease suicide risk, increase protective factors:
- Increase real, meaningful social connections and warm, nurturing relationships, not ones with conflict or that increase sense of burdensomeness (call/visit, groups, non-demand f/u, faith community)
- Increase optimism / gratitude / hope
- Reduce stigma around help-seeking; provide hotline resources
- Limit time on social media.

Preventing Suicide Is Everyone’s Business

- To those who have lost their lives by suicide,
- To those who struggle with thoughts of suicide,
- To those who have made an attempt on their lives,
- To those caring for someone who struggles,
- To those left behind after a death by suicide,
- To those in recovery, and
- To all those who work tirelessly to prevent suicide and suicide attempts in our nation.

We believe that we can and we will make a difference.

Activity: Find the lesson in it for you!

What is something I have learned, experienced, started doing (or picked back up) during this time that I want to keep in my life?

This is one small thing I commit to do that will improve my resilience!