

# Prevent Suicide Today

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 Chatham County Sheriff's Office  
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 The Front Porch  
 Union Mission

Chatham County SafetyNet Planning Council  
 Gateway COMMUNITY SERVICE BOARD  
 suicideTALK

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Welcome! Thank you for joining us today for this SuicideTALK.

My name is... I am... I am also an ASIST trainer (or ASIST/safeTALK helper). ASIST is an acronym for Applied Suicide Intervention Skills Training.

We are here today with our Prevent Suicide Today program.

We have been working in Chatham County, Georgia since 2017 in partnership with Gateway Community Service Board and other diverse community partners. Together we are implementing international evidence-based trainings. One of them is SuicideTALK, which is the topic of our discussion today. The other is ASIST, which is a 2-day skills-based workshop. We'll spend more time talking about ASIST at the end of our session today.

We are glad and thankful that you've joined us for today's presentation. I am sure that there are people here for variety of reasons.

- Some of you may want more information about suicide prevention in our community.
- Some of you may be worried that **you** or someone you know may be having thoughts of suicide.
- I am sure that there are some who have been impacted by suicide as well.

This session is aimed at our entire community because we think that by working together we **can** prevent suicide together.

It is our goal for everyone to know that help is available and where to find it.

Also, in the end, if we have time left we can answer some of your questions. So please if you have any questions, write them down and we'll try to address them at the end.

## LEARNING OBJECTIVES

*suicideTALK* participants will:

- Understand the impact of suicide in our community.
- Explore how personal and community beliefs about suicide affect suicide stigma and safety.
- Learn how to take the first steps towards suicide prevention.
- Contribute to suicide safety in the community.

If you are having thoughts of suicide or need immediate assistance, please call the Georgia Crisis and Access Line at **1-800-715-4225**

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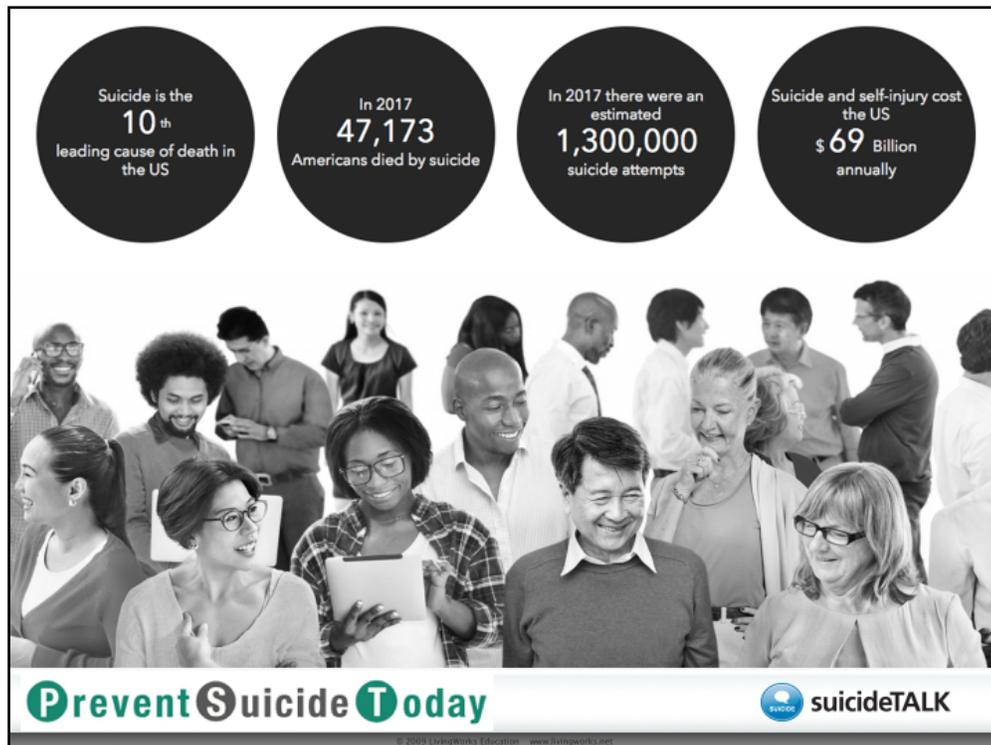
SuicideTalk is about dealing openly with the stigma around suicide.

It focuses on the question "Should we talk about suicide?"

By looking at this question in a number of different ways, we hope that we can help you discover some of the beliefs and ideas about suicide in your communities—and in yourselves.

As suicideTALK participants you will learn...

- How suicide is a serious community health problem and how it impacts our entire community;
- Together we will explore how personal and community beliefs about suicide affect suicide stigma and safety;
- And we will learn how to take the first steps to help prevent suicide and create a suicide-safer community.



So let's begin with looking at numbers – statistics – which speak quite loudly and help us better understand the impact of suicide on communities at large as well as individuals.

First, we'll look at the bigger picture – national data on suicide, and then gradually we'll narrow it down to State and Chatham county level.

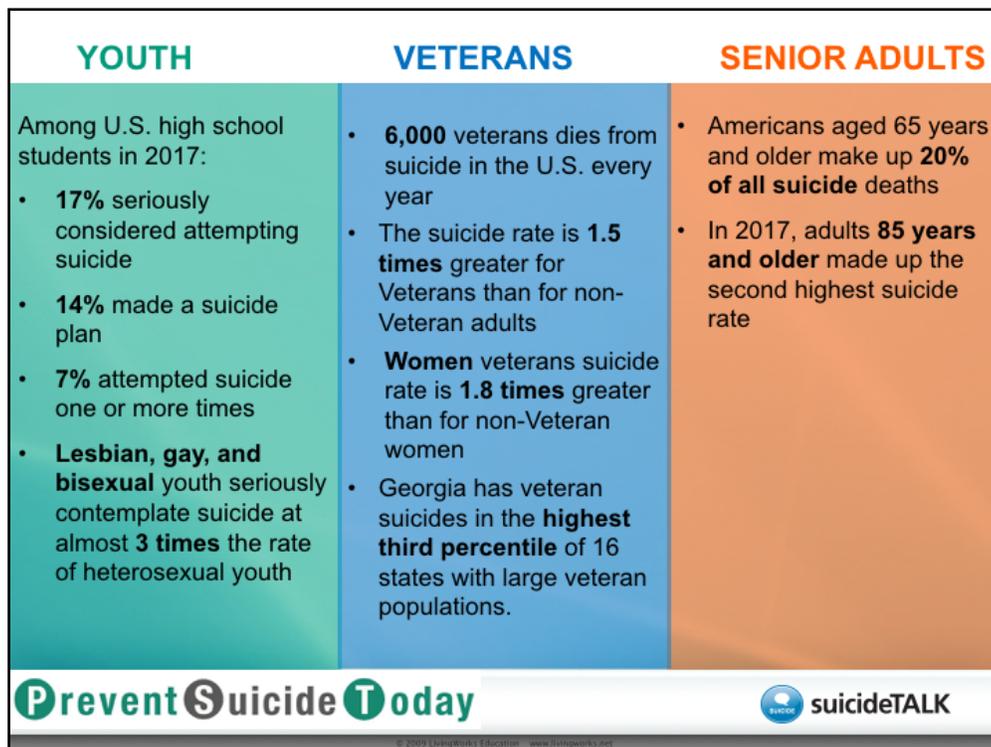
According to the latest report by the Centers for Disease Control and Prevention (CDC) that was just released in June this year...

- Suicide rates have been rising in nearly every state and in half of states suicide rates went up more than 30% since 1999.
- In 2017, over 47,000 Americans age 10 or older died by suicide.
- Suicide is the 10th leading cause of death and is one of just three leading causes that are on the rise.
- The conservative estimate is that for every death by suicide 25 or more people attempt.
- In addition to the tremendous emotional cost of suicide there is also an economic impact in medical costs for individuals and families,

lost income for families, and lost productivity for employers. Suicide is estimated to cost the US \$69 billion annually.

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Source: American Foundation for Suicide Prevention <https://afsp.org/about-suicide/suicide-statistics/>



## VIRA

Also, while we are talking about the national statistics, we thought it would be important to include the following slide describing suicide rates among the youth, veterans and senior adults.

The Youth data is from the survey that was completed with U.S. high school students (9<sup>th</sup> – 12<sup>th</sup> grade) in public and private high schools throughout the U.S. in 2017:

- **Over 17%** of students had seriously considered attempting suicide
- **Almost 14%** of students had made a plan about **how** they would attempt suicide while **7.4%** of students had actually attempted suicide one or more times
- **Female** students were **twice** as likely as **male** students to have seriously considered attempting suicide
- **Also, about one third** of students had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities
- **Lesbian, gay, and bisexual** youth seriously contemplate suicide at almost **three times** the rate of heterosexual youth

Issued by the Department of Defense, the Office of Mental Health and Suicide Prevention, National Suicide Data Report states that:

- **6,000** veterans die from suicide in the U.S. every year.
- The suicide rate is **1.5 times** greater for Veterans than for non-Veteran adults
- **Women** veterans suicide rate is **1.8 times** greater than for non-Veteran women
- In Georgia, the Veteran suicide rate is significantly higher than the national suicide rate.

As for Senior Adults:

- Of all deaths by suicide, Americans aged 65 years and older make up 20 percent of all suicide deaths and only account for 13 percent of the American population.
- In 2017, the highest suicide rate (20.2) was among adults between 45 and 54 years of age. The second highest rate (20.1) occurred in those 85 years and older.
- Between now and 2050, the number of Americans over the age of 65 is expected to almost double in size from 43.1 million to 83.7 million, according to the U.S. Census Bureau.

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<https://www.seniorlivinglink.org/articles/senior-living-blog/post/high-suicide-rates-among-seniors-in-the-united-states>

[https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP\\_National\\_Suicide\\_Data\\_Report\\_2005-2016\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf)

<https://afsp.org/about-suicide/suicide-statistics/>

# Suicide Facts & Figures: Georgia 2018\*



**On average, one person dies by suicide every six hours in the state.**

Nearly twice as many people die by suicide in Georgia annually than by homicide.

The total deaths to suicide reflect a total of 29,763 years of potential life lost (YPLL) before age 65.

Suicide cost Georgia a total of **\$1,318,204,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,163,463 per suicide death.**

\*Based on most recent 2016 data from CDC. Learn more at [afsp.org/statistics](http://afsp.org/statistics).

**11th leading cause of death in Georgia**

<p><b>3rd leading</b> cause of death for ages 15-24</p> <p><b>2nd leading</b> cause of death for ages 25-34</p> <p><b>4th leading</b> cause of death for ages 35-54</p>	<p><b>10th leading</b> cause of death for ages 55-64</p> <p><b>17th leading</b> cause of death for ages 65 &amp; older</p>
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**Suicide Death Rates**

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Georgia	1,409	13.27	33
Nationally	44,695	13.42	

[afsp.org/StateFacts](http://afsp.org/StateFacts)






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Now let's take a look at the Georgia statistics:

- The suicide rate in GA has increased 16.2% since 1999.
- Over the last year, there was a total of 1,409 **reported** deaths by suicide. I emphasize the word "reported" because sometime in cases were there might've been suicide, the cause of death is actually unclear.
- Suicide is the 2<sup>nd</sup> leading cause of death for ages 25-34 and the 3<sup>rd</sup> leading cause of death for ages 15-24. Last year's statistics indicated that suicide was the 3<sup>rd</sup> leading cause of death for ages **10-24**.
- Also, in Georgia twice as many people die by suicide as by homicide and nearly as many people die by suicide as by motor vehicle accidents.
- On average, one person dies by suicide every six hours in Georgia.



Now, let's take a closer look at Chatham County, the community we have launched the Prevent Suicide Today program in, and how it has been impacted by suicide:

- It is estimated, conservatively, that in 2017, 1125 people attempted suicide in Chatham County.
- Reportedly, 45 people died by suicide: 1 person age 15-19; 3 people ages 20-24; 7 people ages 25-29; 7 people ages 30-34; 6 people 35-39; 5 people ages 45-49; 3 people ages 50-54; 3 people ages 55-59; 7 people ages 60-64; 1 person age 65-69; 1 person age 70-74; 1 person age 85+.
- Among those 45 people, 34 were men and 11 were women. Although more men die by suicide due to the type of means they choose (men tend to use firearms more often), women are 3 times more likely to attempt.
- This compares to 28 deaths through motor vehicle accidents and 38 deaths by homicide in Chatham County.

Each of those 45 individuals had family, friends, co-workers, and others who were impacted by their death.

Suicide impacts us all as a community and these numbers, these people, these lives tell us that we, as a community, have a lot of work to do in suicide prevention.

So let's take a moment and reflect on suicide's impact in our own lives by thinking through the following questions:

- Do you know someone who died or might have died by suicide?
- Do you know someone who injured themselves with suicide in mind?
- Do you know someone who has/had (or whom you now suspect has/had) thoughts of suicide?
- Do you know someone, including you, who is or has been personally impacted by suicide?

In our Prevent Suicide Today work in the community, we see that for many people the answer to these questions is often a "yes". It may be for you as well.

*Source: Georgia OASIS Data, Suicide*

2017 <https://oasis.state.ga.us/oasis/webquery/qryMortality.aspx>

For every one person that dies by suicide...



280 people think seriously about suicide but  
**DO NOT DIE**

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So yes, every single suicidal act has a lasting impact on those left behind. It is very likely that over our lifetime all of us will be touched by suicide, in one way or another.

Just think of an impact of suicide that many people feel when the news report deaths by suicide of someone famous.

Now, what does that say about suicide? One of the things it says is that suicide can affect people from all walks of life and it could happen to any of us.

Acknowledging this helps us better understand the value of speaking openly about suicide. When we recognize the potential for suicide in everyone—in our coworkers, classmates, friends, family members, even ourselves—then we are more likely to do something to help **prevent** it.

Additionally, it is important that we share stories of individuals who have experienced crisis and gotten through it. This may include even our own stories. Telling these stories of how hope and help happen can save lives, and these stories must be shared. [For every one person that dies by suicide, 280 people think seriously about suicide but do not die.](#) The majority of these individuals go on to live out their lives. This is a message of hope.

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*Stat from SAMHSA 2015 National Survey on Drug Use and Health*  
<https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>

## 5 Common Misconceptions About Suicide

Uncover the **facts**

**#1 People who talk about suicide won't really do it.**

**FACT:** As many as 75% of people who attempt suicide do or say something to indicate their state of mind and intentions before they act.

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Before we talk about prevention methods, we'd like to discuss some false ideas associated with people with suicidal thoughts.

To help someone at risk of suicide we need to separate myths from facts. That's why it is important to recognize these misconceptions.

While there are many myths about suicide, we would like to highlight just five of the most common misconceptions:

***#1 People who talk about suicide won't really do it.***

This is false.

According to research, as many as 75% of people who attempt suicide do or say something to indicate their state of mind and intentions before they act.

Talking about suicide may be a plea for help for those people.

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*SOURCE: <https://save.org/about-suicide/suicide-facts/>*

## 5 Common Misconceptions About Suicide

Uncover the **facts**

### ***#2 Talking about suicide may give someone the idea.***

**FACT:** Asking someone about suicide will not "put the idea in their head." In fact, many people having suicidal thoughts often feel relieved when someone asks.

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### ***#2 Talking about suicide may give someone the idea.***

This is false

Research confirms that asking someone about suicide will not "put the idea in their head." In fact, many people having suicidal thoughts often feel relieved when someone asks. Talking about the possibility of suicide can be a first step in obtaining help.

## 5 Common Misconceptions About Suicide

Uncover the **facts**

**#3 People who die by suicide were unwilling to seek help.**

**FACT:** Studies show that more than half of suicide victims sought professional help within six months of their death.

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***#3 People who die by suicide were unwilling to seek help.***

This is false.

Studies show that more than half of suicide victims sought professional help within six months of their death.

On a side note, as we are talking about suicide in the community, to help focus on the person rather than their action, we say that a person *died* by suicide instead of *committed* suicide.

[Trainer note: In the suicide prevention field it is discouraged to use of the term “commit suicide.” The verb “commit” (when followed by an act) is generally reserved for actions that many people view as immoral or criminal. Someone commits murder, or rape, or perjury, or crime. The person who dies by suicide is not committing a crime. Rather, the act of suicide almost always is the product of intolerable stress, or trauma, or mental illness. To portray suicide as a crime stigmatizes those who experience suicidal thoughts or attempt suicide. This stigma, in turn, can deter people from seeking help from friends, family, and professionals.]

## 5 Common Misconceptions About Suicide

Uncover the **facts**

***#4 If a person is going to attempt suicide, nothing will stop them.***

**FACT:** Most who attempt suicide remain uncertain of the decision until the final moment. Most suicidal people don't wish for death – they wish for the pain to stop.

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***#4 If a person is going to attempt suicide, nothing will stop them.***

This is false.

Most who attempt suicide remain uncertain of their decision until the final moment.  
Most suicidal people don't wish for death – they wish for the pain to stop.

## 5 Common Misconceptions About Suicide

Uncover the **facts**

***#5 Anyone who tries to kill him or herself has a mental health condition.***

**FACT:** 54% of people who died by suicide did not have a known mental health condition.

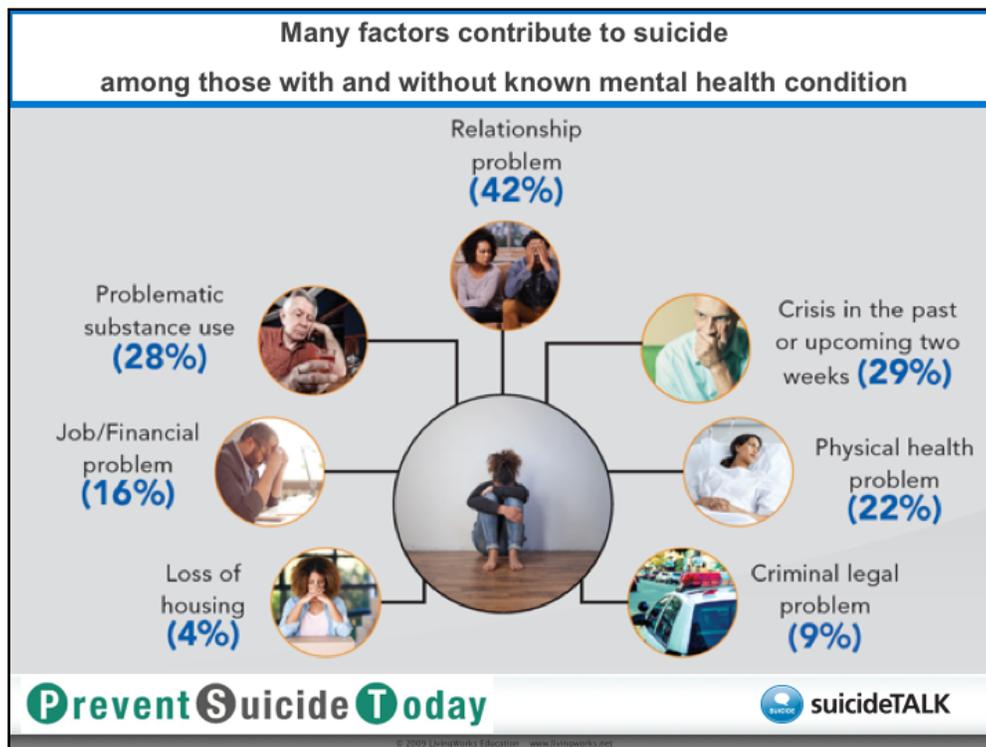


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***#5 Anyone who tries to kill him or herself has a mental health condition.***

This is false.

Research shows, 54% of people who died by suicide actually did not have a known mental health condition, such as depression.



Many factors contribute to suicide among those with and without mental health conditions:

- Relationship problem (42%)
- Problematic substance use (28%)
- Crisis in the past or upcoming two weeks (29%)
- Criminal legal problem (9%)
- Physical health problem (22%)
- Loss of housing (4%)
- Job/Financial problem (16%)

There is no one reason why people become suicidal. Instead, people become vulnerable to suicide due to a combination of biological, psychological and social factors. People may inherit a tendency to develop a mental illness, for instance, or fail to learn how to cope effectively with stress for any number of reasons. People may also experience painful, disturbing and/or traumatic events that overwhelm the coping mechanisms they have developed.

The truth is that people who attempt suicide are in pain- whether it is

emotional, physical, financial... They don't see a way out of their pain. They feel overwhelmed, lonely and hopeless. As suicideTALKers, our goal is to offer hope and show that help is available.

To do this we need to talk about suicide. This may be uncomfortable.

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(Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.)

*SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.*



So let's get comfortable being uncomfortable.

For many people suicide is that S\* word they tend to avoid.

As a society, we resist talking about suicide for many different reasons.

- It could be shame and stigma.
- It could be the heaviness of the subject.
- It could be the result of a personal experience.
- Or it could be unconscious – many people avoid talking about suicide without realizing it.

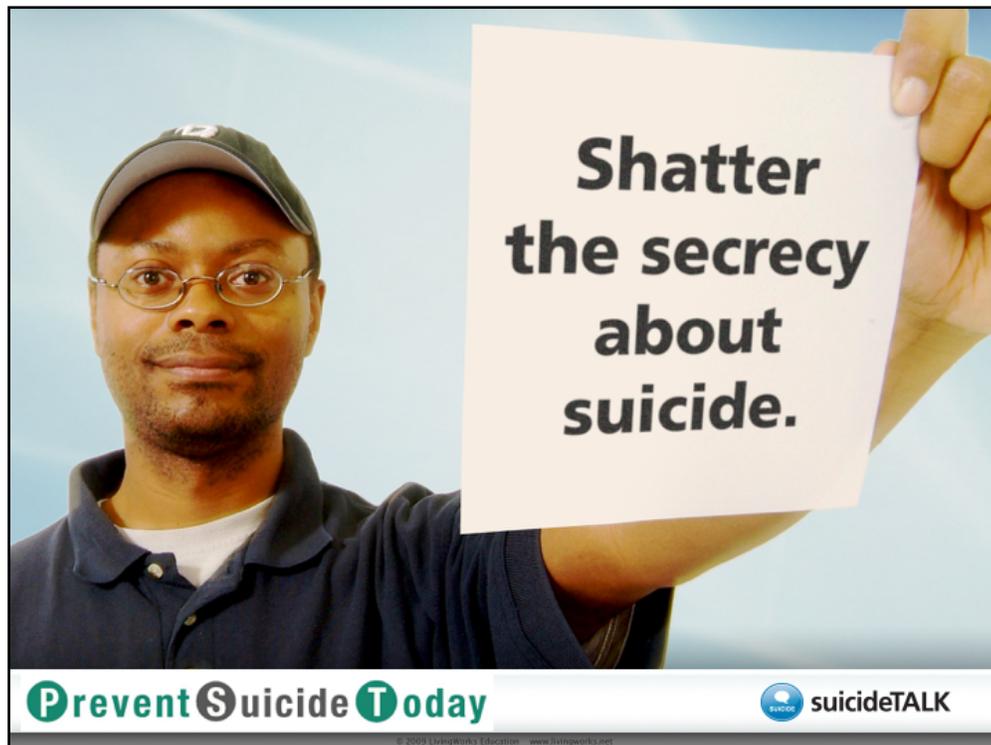
So why **should** we talk about suicide?

Well, because talking about suicide is an effective way of preventing it.

By opening the dialogue, sharing our stories, and identifying resources we can reduce stigma and make it easier for people at risk of suicide to come forward and get the help they need.

[If there is time, trainer may ask participants "Any ideas on why people avoid direct talk

about suicide?" After few answers, trainer may invite participants to use the word "suicide" in a sentence: "So now I want you to practice saying the word 'suicide' in a sentence. It doesn't have to be anything too deep or personal – you may simply ask each other 'what do you think about this presentation on suicide prevention'." Ask participants for a brief feedback after this exercise.]



Being a SuicideTALKer means speaking openly about suicide in a comfortable and thoughtful way.

When a sign like this is displayed prominently in our homes, work places and communities it makes others more willing to talk with us about suicide.

Our attitude can do this as well.

Do you think a person at risk of suicide would want to share their thoughts with us when our attitude is like "Why do you want to talk about this? This is wrong!" Probably not.

A person at risk of suicide is more likely to talk to us when we show that we are comfortable, respectful, and willing to talk about their thoughts and feelings about suicide.



Sometimes we think of talking about suicide in terms of rights.

A person having thoughts of suicide may wonder:

- Do I have the right to involve someone in my problems?
- Do I have the right to ask for help?

While a person who wants to help may question:

- Do I have the right to "put my nose" in someone else's business?
- Do I have the right to ask about suicide?

The truth is that most of the time, talking opportunities are not about the right to privacy, the right to non-interference or the rights to seek or give help.

They are not about rights at all. They are about **needs** and invitations to meet those needs.

A person at risk is in pain. They want others to notice it. So they send out invitations to talk openly about it.

As a person who wants to help, you receive these invitations and you have to decide whether or not you are going to accept and act upon them.



These invitations we are talking about are also known as warning signs.

Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

It is important to look for a change in behavior or the presence of entirely new behaviors, especially when related to a painful event, loss, or change.

Common warning signs include:

- A sense of hopelessness
- Isolation
- Aggression and irritability
- Possession of lethal means
- Feeling like a burden
- Drastic mood changes
- Frequently talking about death
- Self-harm
- Engaging in risky behaviors
- Making funeral arrangements

- Giving away things
- Substance abuse
- Direct threats of suicide
- And low self-esteem

So now we are going to shift our perspective from helper to person at risk and discuss the needs of someone thinking about suicide.

## TALK: I need to Tell

- I need to openly **Tell** someone about my thoughts of suicide.
- I would like to **Tell** several people.
- I am aware that I may be cautious in saying it as openly as I want to.
- I will be watching for reactions.

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We can remember these needs by using the acronym TALK.

T stands for TELL.

As a person thinking about suicide:

- I need to openly Tell someone about my thoughts of suicide.
- I would like to Tell several people.
- I am aware that I may be cautious in saying it as openly as I want to.
- I will be watching for reactions.

So why would a person at risk tell anyone what they are thinking?

If they really wanted to die, why tell someone that might stop them?

There really seems to be only one possible answer. Part of them is still unsure about death.

They are undecided and the mere fact that they are still alive says that they have a connection to life.

A person who wants help and cannot decide, really has a need to reach out for someone to talk to.

If you are having thoughts of suicide (or if you think you ever could come to that point),

there is one very important thing you can do to help yourself.  
Don't face suicide alone. Tell someone... Several potential helpers are always better.

By demonstrating that we are comfortable and willing to speak about suicide we make it easier for the person at risk to meet their need to tell.

**TALK: I need someone to Ask**

- Once I have given you any reason to think that I might be thinking about suicide, please **Ask** me exactly about suicide.
- **Ask** me as directly, clearly and as soon as you can.
- Right now that is exactly what I want to you do.

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### A stands for ASK

As a person thinking about suicide:

- I need someone to Ask.
- Once I have given you any reason to think that I might be thinking about suicide, please **Ask** me exactly about suicide.
- **Ask** me as directly, clearly and as soon as you can.
- Right now that is exactly what I want to you do.

Even when invitations are obvious, some may avoid direct talk about suicide for fear that it is too personal to talk about directly.

But asking about suicide is a “win/win” situation.

If thoughts of suicide are present then we know what we are dealing with.

However, if they are not thinking about suicide, now they know that you are someone who cares and someone they can talk to.

Asking directly about suicide means exactly that – asking a person “Are you thinking of suicide?” or “Are you thinking of killing yourself?”

## TALK: I need someone to Listen

- I hope you are a good **Listener**.
- I hope you will **Listen** to what I need to say, not to what you might like me to say.
- I have not really talked to anyone about suicide.
- I need to clear my thoughts by talking through them.

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### L stands for Listen

As a person thinking about suicide:

- I need someone to listen.
- I hope you are a good **Listener**.
- I hope you will **Listen** to what I need to say, not to what you might like me to say.
- I have not really talked to anyone about suicide.
- I need to clear my thoughts by talking through them.

Can you sense how alone a person at risk might feel?

Now think about them being alone **and** having to make a life or death decision.

Let's explore how much of a difference it can make if the person at risk can remember some of their strengths and reasons for living, sort out some priorities, and make some commitment to staying alive at least for now.

Almost all persons at risk have not fully decided that they want to die.

Instead, they want to talk to somebody about their feeling of not wanting to live.

People at risk can often talk themselves out of acting on their thoughts of suicide.  
As long as you listen and keep the conversation going, you help meet their need.

**TALK: I need help Keeping Safe**

- I don't know what to do.
- Can you help me think about what needs to be done?
- Can you help me avoid dangers I may not fully recognize?

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K is for Keep Safe

As a person thinking about suicide:

- I need help keeping safe.
- I don't know what to do.
- Can you help me think about what needs to be done?
- Can you help me avoid dangers I may not fully recognize?

People at risk of suicide often feel overwhelmed. They may feel that they have a lot to deal with and don't know where to start.

The person at risk needs someone who understands that the first priority is safety from suicide and that everything else is secondary.

This translates into something like this: "Yes later you can think about that or work on that but today let's do X, Y and Z to keep you safe."

This perspective includes understanding that any means of suicide should be removed, whenever possible.

It also means that thoughts of suicide cannot be kept secret.

A helper should never be the only helper.

The infographic features four pairs of speech bubbles on a light blue background. Each pair consists of a bubble on the left stating a need and a bubble on the right stating a corresponding response. The needs are: 'I need to Tell someone about my thoughts of suicide.', 'I need someone to Ask me about my thoughts of suicide.', 'I need someone to Listen to my thoughts and feelings about suicide.', and 'I need help Keeping Safe from suicide.'. The responses are: 'I am open to your need to Tell me.', 'I am willing and able to Ask you directly.', 'I am willing and able to Listen to your thoughts and feelings about suicide.', and 'I am willing and able to help you Keep Safe.'. At the bottom, the 'Prevent Suicide Today' logo is on the left and the 'suicideTALK' logo is on the right.

I need to **Tell** someone about my thoughts of suicide.

I am open to your need to **Tell** me.

I need someone to **Ask** me about my thoughts of suicide.

I am willing and able to **Ask** you directly.

I need someone to **Listen** to my thoughts and feelings about suicide.

I am willing and able to **Listen** to your thoughts and feelings about suicide.

I need help **Keeping Safe** from suicide.

I am willing and able to help you **Keep Safe**.

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So let's review the needs of the person at risk and how we can help meet those needs.

- A. I need to **Tell** someone about my thoughts of suicide.
- B. I am alert to your needing to tell me.
- C. I need someone to **Ask** me about my thoughts of suicide.
- D. I am willing and able to **Ask** you directly.
- E. I need someone to **Listen** to my thoughts and feelings about suicide.
- F. I am willing and able to **Listen** to your thoughts and feelings about suicide.

G. I need help **Keeping Safe** from suicide.

H. I am willing and able to help you **Keep Safe**.

Please note that this is not a comprehensive intervention model. This is just an illustration showing that it's possible to meet the needs of the person at risk, and that by doing so it is possible to prevent suicide.

## #BeThe1To

### 1. ASK

Ask the question “Are you thinking about suicide?”

### 2. KEEP THEM SAFE

Find out a few things to establish immediate safety.

### 3. BE THERE

Show your support.

### 4. HELP THEM CONNECT

Connect with ongoing supports.

### 5. FOLLOW UP

Check in to see how they’re doing.

**P**revent **S**uicide **T**oday

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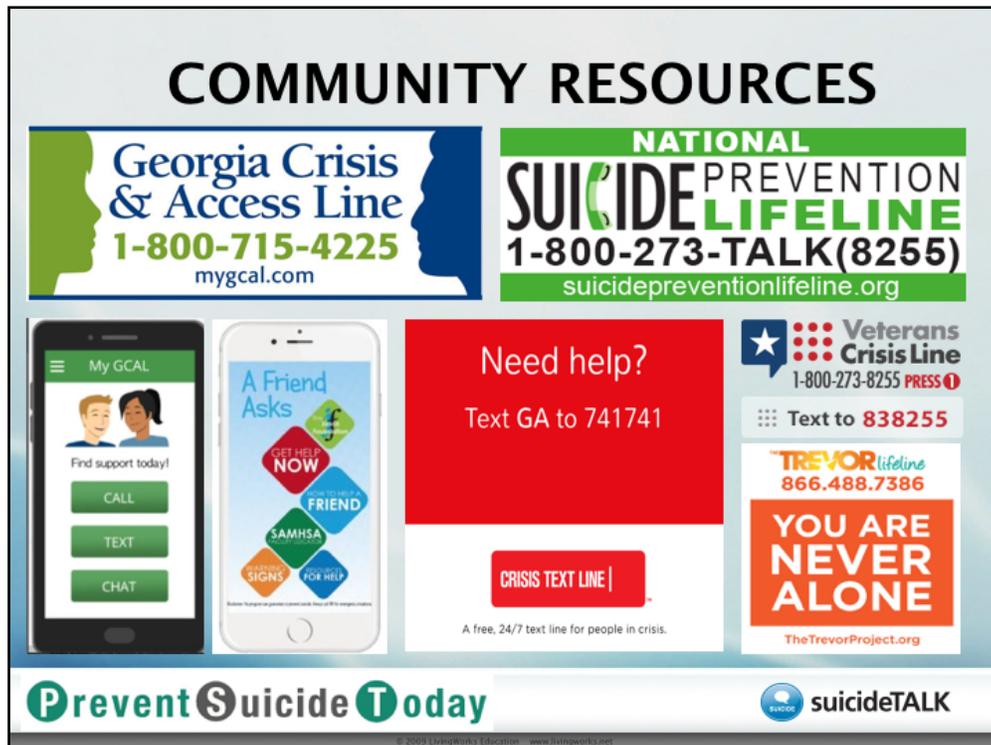
In addition to the TALK acronym and as a summary of what we’ve just discussed, we’d like to share another resource for suicide prevention.

This simple 5-step guide is an effective tool supported by evidence in the field of suicide prevention.

So let’s go over each step.

1. **Ask:** Ask the question “Are you thinking about suicide?” It communicates that you’re open to speaking about suicide in a non-judgmental and supportive way.
2. **Keep them safe:** After the “Ask” step, and you’ve determined suicide is indeed being talked about, it’s important to find out a few things to establish immediate safety. Have they already done anything to try to kill themselves before talking with you? Does the person experiencing thoughts of suicide know how they would kill themselves? Do they have a specific, detailed plan? What’s the timing for their plan? What sort of access do they have to their planned method?
3. **Be there:** This could mean being physically present for someone, speaking with them on the phone when you can, or any other way that shows support for the person at risk.
4. **Help them connect:** Helping someone with thoughts of suicide connect with ongoing supports (like the Lifeline) can help them establish a safety net for those moments they find themselves in a crisis.

5. **Follow up:** After your initial contact with a person experiencing thoughts of suicide, and after you've connected them with the immediate support systems they need, make sure to follow-up with them to see how they're doing.



Effective suicide prevention requires multiple approaches.

Knowing your resources to help you take effective action is a key to creating suicide safer community.

Showing on your screen right now are few resources that we would like to discuss.

**The Georgia Crisis and Access Line** (also known as GCAL) is the 24/7 hotline for accessing mental health services in Georgia. It's run by the Georgia Department of Behavioral Health and Developmental Disabilities. You can call GCAL at any time any day of the year. GCAL professionals can:

- Provide crisis intervention services over the phone
- Dispatch mobile crisis teams
- Assist individuals in finding an open crisis or detox bed across the State
- And link individuals with urgent appointment services
- In addition, GCAL can help you access a State Funded provider in your area in a non-emergency situation.

**The Georgia Crisis Text Line** is another free, 24/7 support for those in crisis. Simply Text "GA" to the number 741741 and you will be connected to Trained Counselors in Georgia.

- This is a great resource for anyone working with youth
- Who may feel more comfortable texting

**The National Suicide Prevention Lifeline** is a national network of local crisis centers. It provides free and confidential emotional support to people in suicidal crisis or emotional distress. It is also open 24 hours a day, 7 days a week. They also have a chat option available through their website.

[Finally, Veterans Crisis Line](#) is the same phone number as the Lifeline, but you'll choose option 1 when you dial that number.

We encourage you to program these numbers into your phone and be a resource in your community!

On Prevent Suicide Today's suicideTALK webpage, we have a resource flyer available for download. It's called Helpers in Your Community. It includes resources for Chatham County and national hotline resources.

Please let us know if there are any other resources that you think we should add to this.



As we are talking about building a suicide safer community,

We think that it's important to talk about things we can do to promote our own mental health and wellbeing. This can help to promote an overall healthier community and actually also help to protect against suicide.

The current slide describes some of the things that may be -- what we call -- life sustainers. It may mean different things for you.

Some of you may sustain your life by doing your favorite activities, spending time with your loved ones, eating your favorite food...

For those of us here in Chatham County it could be going to the beach!

Whatever it is, we encourage you to take time for yourself and do the things that you love.

**Things I might want to do...**

- **Practice** caring for yourself; ask for help when needed
- **Volunteer** to tell your story about Suicide
- **Identify** community resources
- **Work** to make improvements in policy and practice
- **Support**, organize or attend a training

**Prevent Suicide Today** 

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So here are some ideas of the things you might want to do:

You can

- **Practice** caring for yourself and ask for help when needed

You can

- **Volunteer** to tell your story about Suicide; As you've learned today, many of us have likely been impacted by suicide in some way. Sharing our stories and experiences lets others know that it's okay to do that and helps them share their own.

You can also

- **Identify** community resources and share those resources with others. As we mentioned earlier, feel free to use and share the resources from our website.
- Also, depending on what you do, you may be able to influence policies and procedures at your organization with regard to suicide prevention.
- Finally, you can **Sponsor**, organize or support a training.

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**Preventing suicide involves everyone in the community.**

Provide financial support to individuals in need.

**States** can help ease unemployment and housing stress by providing

temporary support.

Strengthen access to and delivery of care.

**Healthcare systems** can offer treatment options by phone or online where services are not widely available.

Create protective environments.

**Employers** can apply policies that create a healthy environment and reduce stigma about seeking help.

Connect people within their communities.

**Communities** can offer programs and events to increase a sense of belonging among residents.

Teach coping and problem-solving skills.

**Schools** can teach students skills to manage challenges like relationship and school problems.

Prevent future risk.

**Media** can describe helping resources and avoid headlines or details that increase risk.

Identify and support people at risk.

**Everyone** can learn the signs of suicide, how to respond, and where to access help.

## What is ASIST?

ASIST is a two-day interactive workshop in suicide intervention skills. It...

- Teaches participants to identify people at risk of suicide and intervene to help them stay safe
- Offers something to every participant, no matter how experienced
- Is widely used by both professionals and the general public—over 120,000 attend yearly
- Is open to anyone 16 years old or older
- ASIST workshops offered monthly in Chatham County; Continuing Education Credits available



Particularly for those of you in Chatham County, there are a couple of opportunities available through our Prevent Suicide Today program. If you liked today's presentation, you can invite us to your organization and we can present a free suicideTALK to your staff at a staff meeting or as a lunch and learn. It can be as short as 30 minutes or it can be a full hour and a half session.

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For additional skills, you can attend an Applied Suicide Intervention Skills Training known as ASIST.

\* We'll spend a bit more time right now talking about ASIST.

ASIST is a two-day interactive workshop in suicide first aid. It teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. It is listed on the [National Registry of Evidence-based Programs and Practices](#) and is proven to be effective in preventing suicide.

At the ASIST workshop, you will explore how your own beliefs and experiences can affect your ability to help someone.

You will learn to recognize suicidal thoughts and behaviors and to respond with a life-

saving intervention.

You will learn how to create a safety plan with the person at risk to keep them safe for now.

And how to connect the person at risk with other resources to keep them safe in the future.

Also ASIST workshop includes role play activities which allows you to practice the steps of the intervention model.

Anyone 16 or older who interacts with suicidal individuals can benefit from this workshop.

Our Chatham County ASIST team has 20 LivingWorks registered trainers committed to reducing suicide in our community.

Each workshop is led by at least two trainers.

The trainers come from different partner organizations including Georgia Southern University.

Thanks to the support of the Chatham County Commission and other community partners we are able to offer these valuable workshops.

Also, we do have need-based scholarships available for community members living or working in Chatham County. For more information about scholarships or tuition fees, call (912) 661-1456 or email [ASIST@chlink.org](mailto:ASIST@chlink.org).



## WAYNE

We mean it when we say that ASIST is for everyone.

Although it is widely used by healthcare providers, participants don't need any formal training to attend.

Ultimately, ASIST is founded on the principle that everyone can make a difference in preventing suicide. The more people in the community who have suicide intervention training, the more likely it is they will be able to identify someone at risk and intervene to keep them safe.

With our skills training program we hope to reach school coaches, community grandmothers, the business community, veterans and the military, faith leaders, health care professionals and really anyone who interacts with others ....

For example, in one of our recent workshops we had a farmer, a mother who just wanted to know how to help her children, a mental health clinician, a pastor, a social worker, a student...just to mention the few. It's groups like this, coming together to learn new skills and learn from each other that help us build a suicide safer community.

**TOGETHER WE CAN PREVENT SUICIDE TODAY!**



ASIST@chlink.org



(912) 661-0577



PreventSuicideToday

**THANK YOU!**

**Prevent Suicide Today**



**suicideTALK**

As we are concluding our suicideTALK, we would like to thank all of our community partners for making this program possible and for working together to prevent suicide in Chatham. We couldn't do it without them!