WORKING TOGETHER TO SAVE LIVES

Suicide Safety & Resilience

Chatham County Safety Net Planning Council, Inc. Prevent Suicide Today | Mindful Self-Compassion





Presenter

VIRA SALZBURN, MSM, CAPM© Program Director, CCSNPC

- Mindful Self-Compassion (MSC) Trained Teacher
- Applied Suicide Intervention Skills Training (ASIST)
 Master Trainer & SafeTALK Trainer
- Mental Health First Aid (MHFA) Instructor
- Trauma Sensitive Mindfulness (TSM) Instructor
- Trauma Sensitive Yoga (TSY) Instructor
- Community Resiliency Model (CRM®) Trainer





Learning Objectives

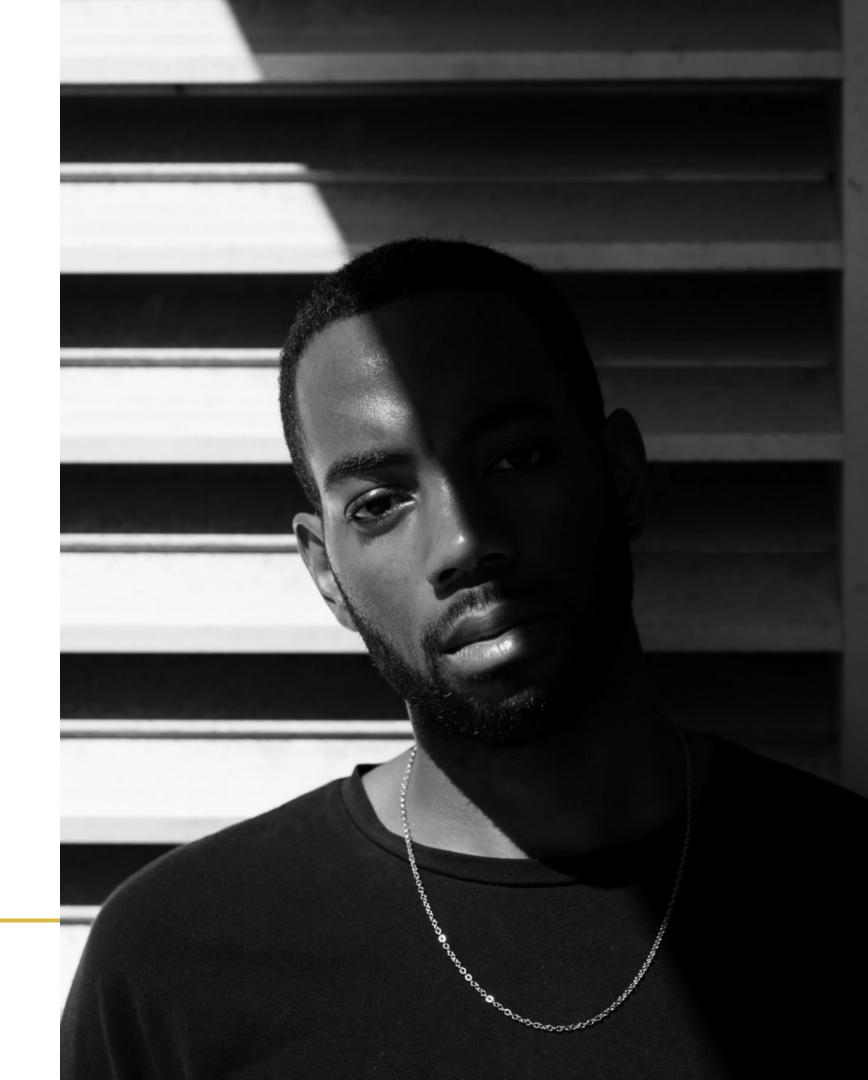
WHAT • WHY • HOW

- Recognize the need for suicide prevention & resilience
- Describe the "Public Health Parable"
- Explore how self-compassion supports intervention
- Learn how to take the first steps to help a person at risk
- Contribute to safety and wellbeing in the community

The Need is Real

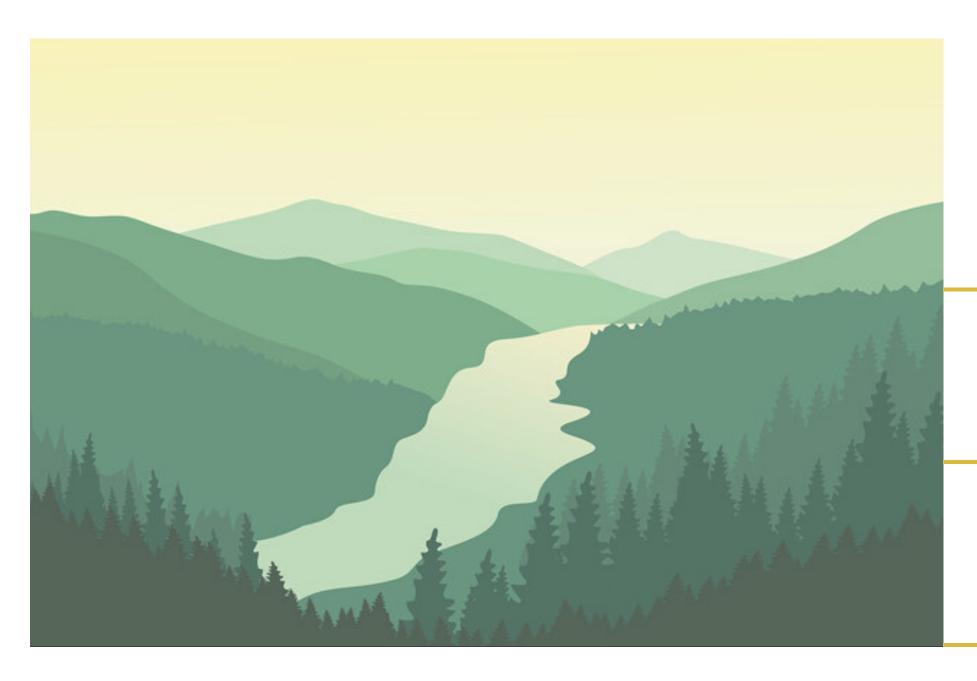
MENTAL HEALTH & TRAUMA

- Suicide is the 2nd leading cause of death for people ages 10 to 24.
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.
- 1 in 5 U.S. adults experience mental illness each year
- 46% of U.S. youth under age 18 have had at least one adverse childhood experience (ACE), and 20% have had at least two.
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24.



The River

THE PUBLIC HEALTH APPROACH



PREVENTION

INTERVENTION

POSTVENTION

Mindfulness & Self-Compassion

"PAIN IS INEVITABLE, SUFFERING IS OPTIONAL."

- Haruki Murakami

The effects of harsh self-criticism:

- SELF-CRITICISM CAN LEAD TO DEPRESSION, ANXIETY, AND RELATIONSHIP PROBLEMS.
- SELF-CRITICISM HAS BEEN LINKED TO EATING DISORDERS, SELF-MUTILATION, AND BODY DYSMORPHIC DISORDER.
- A TENDENCY TO CRITICIZE ONESELF LEADS TO PROJECTING NEGATIVE BELIEFS ONTO OTHERS RESULTING IN ISOLATION AND LONELINESS.
- SELF-CRITICAL INDIVIDUALS OFTEN FIND IT DIFFICULT TO ASSERT PERSONAL NEEDS AND DESIRES.

What is self-compassion?

"TO SUFFER WITH"

Compassion

is the courage to see the cause of suffering and the willingness to alleviate it.

Self-compassion

is extending compassion to one's self in instances of perceived inadequacy, failure, or general suffering.





How self-compassionate are you?

With self-compassion we treat ourselves the way we would treat a good friend.





PAUSE WHAT YOU ARE DOING

ASK"WHAT DO I NEED?"

RECOGNIZE BODY, EMOTIONS & THOUGHTS

KINDLY RESPOND TO YOUR NEEDS



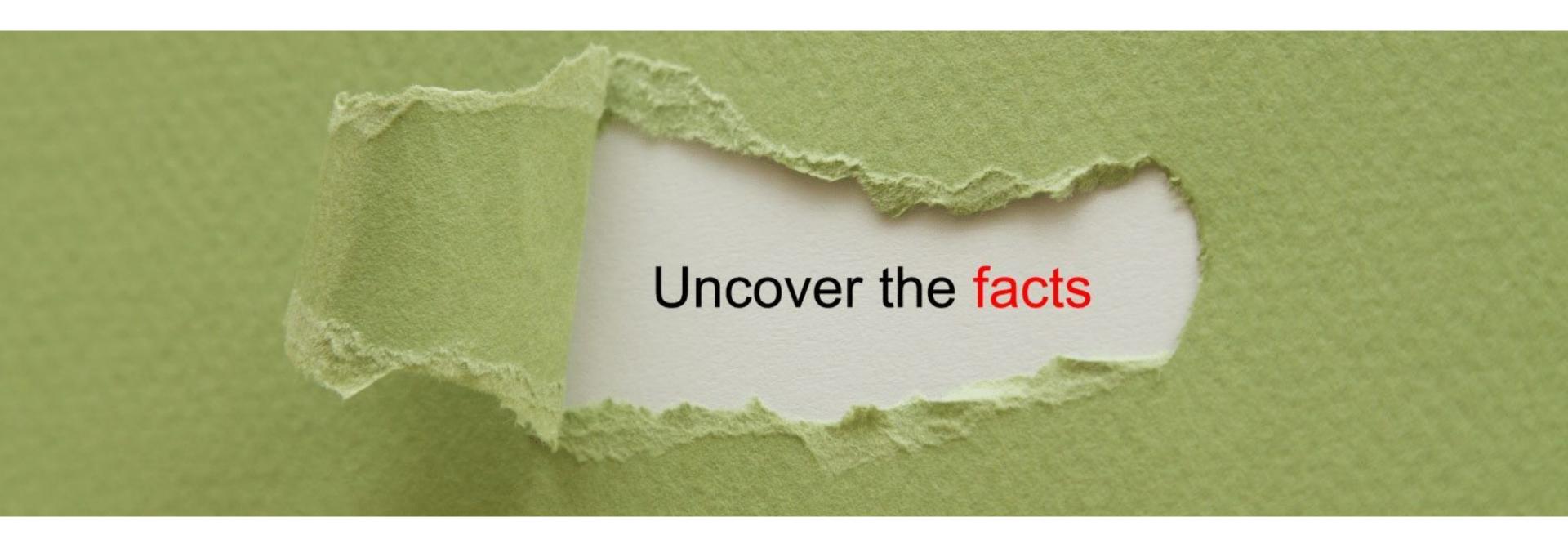
Keeping Safe for Now

"YOU DROWN NOT BY FALLING INTO A RIVER, BUT BY STAYING SUBMERGED IN IT."

- Paulo Coelho

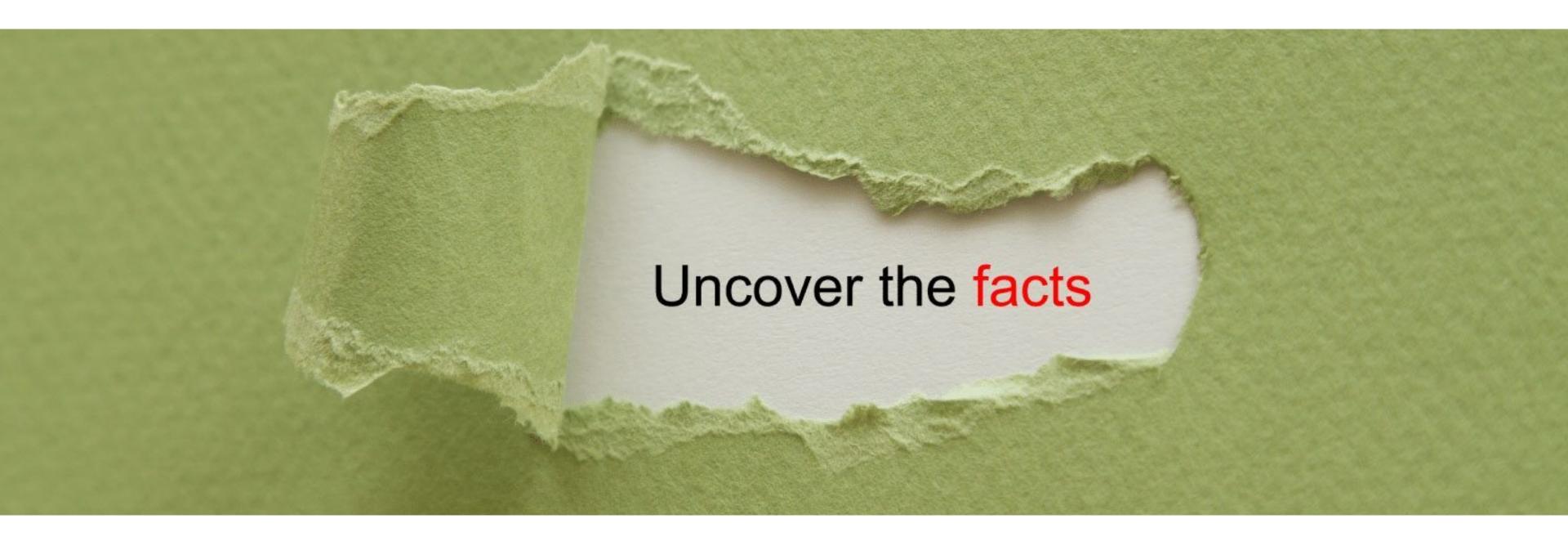


Myth: People who talk about suicide won't really do it.



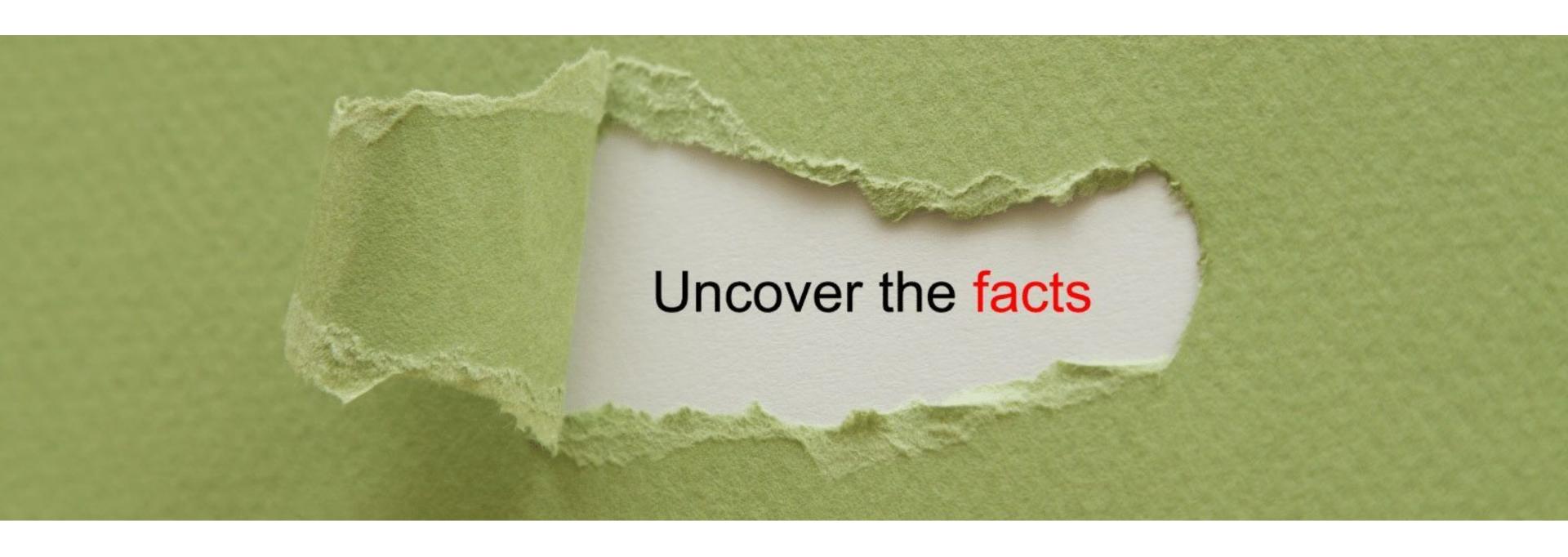
FACT: As many as 75% of people who attempt suicide do or say something to indicate their state of mind and intentions before they act.

Myth: Asking 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.

Myth: People who die by suicide were unwilling to seek help.



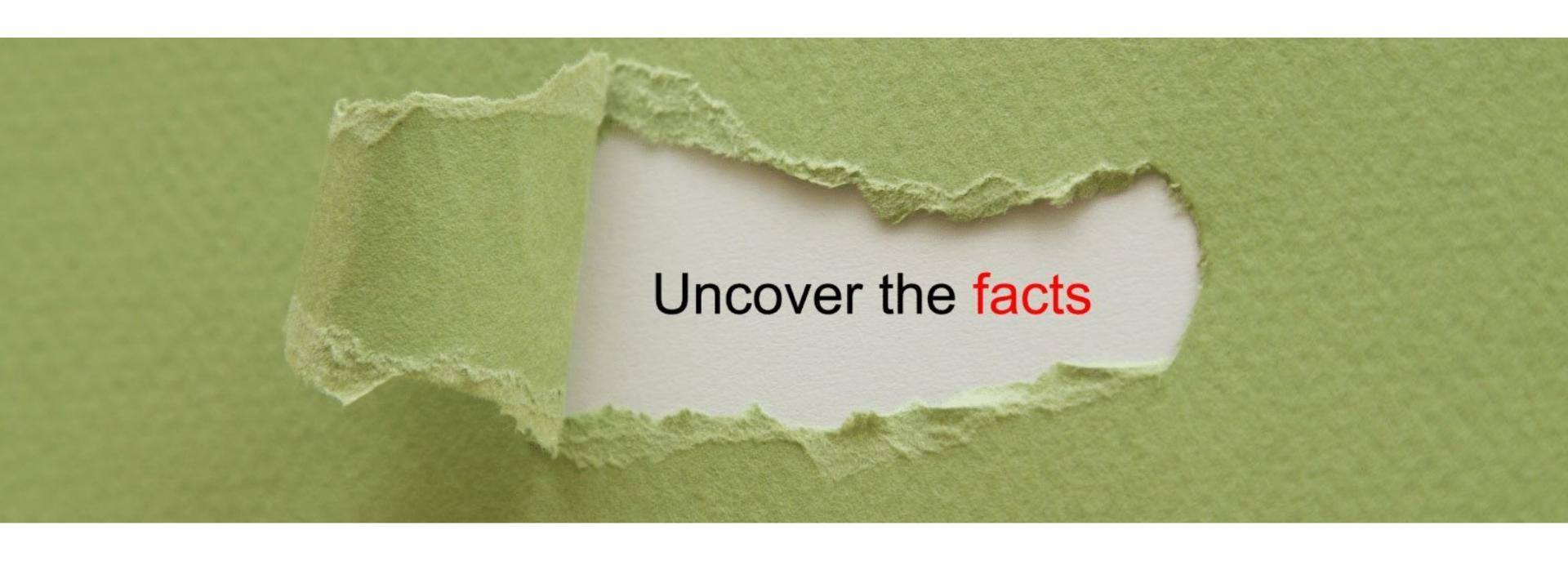
FACT: Studies show that more than half of suicide victims sought professional help within six months of their death.

Myth: 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.

Myth: 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.

Suicide Risk Factors

WHILE THERE'S NO SINGLE CAUSE, SUICIDE MOST OFTEN OCCURS WHEN STRESSORS EXCEED A PERSON'S ABILITY TO COPE.

Environmental



- Financial problems
- Relationship problems
- Stressful events or loss
- Criminal legal problems

Historical



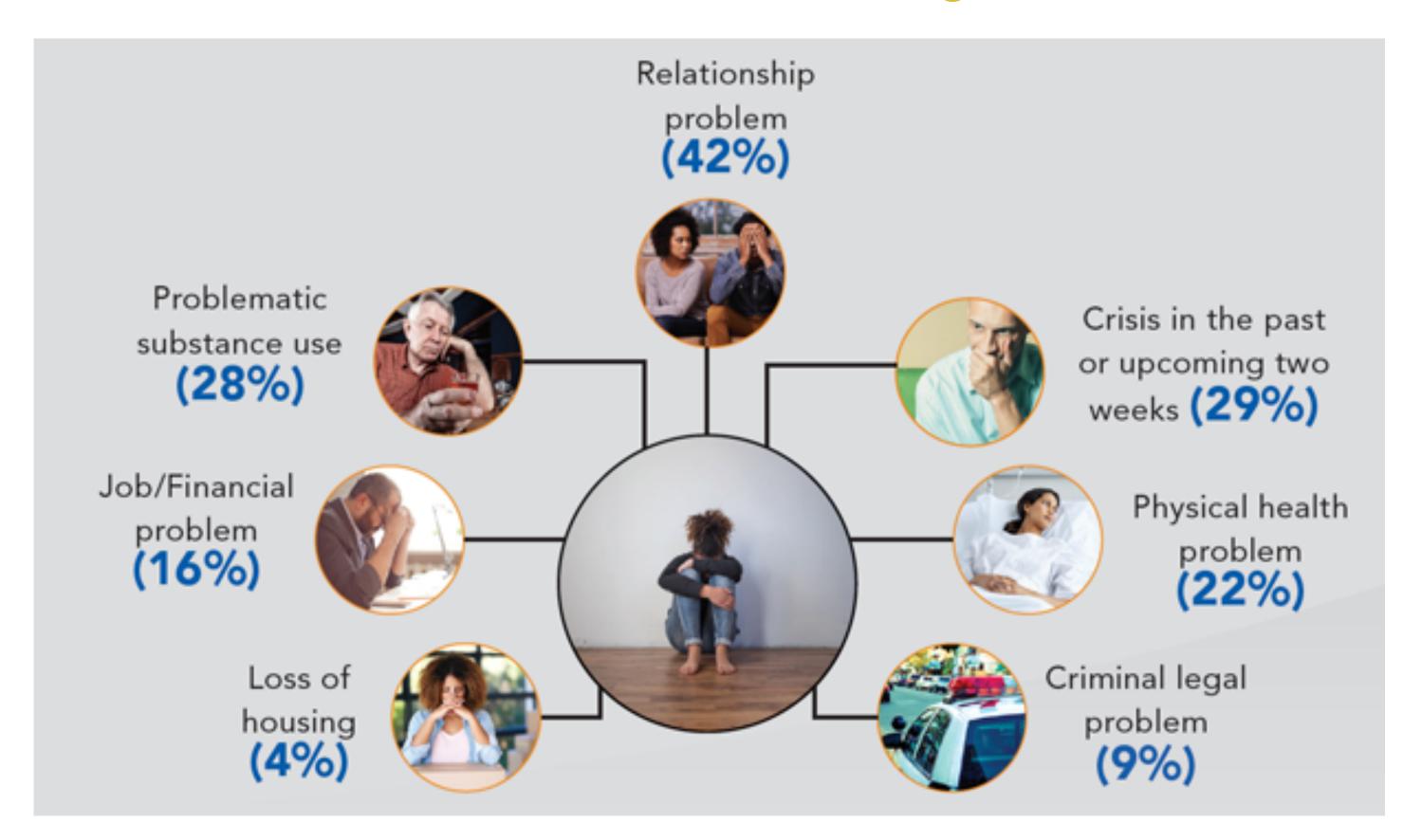
- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Health



- Chronic illness or pain
- Brain injury
- Mental health problems
- Substance use problems

CDC Risk Factors Diagram



Suicide Warning Signs

MOST PEOPLE WHO SUICIDE EXHIBIT ONE OR MORE WARNING SIGNS, EITHER THROUGH WHAT THEY SAY OR WHAT THEY DO.

Talk



- Being a burden
- Death / no reason to live
- Feeling hopeless
- *Unbearable pain*

Behavior



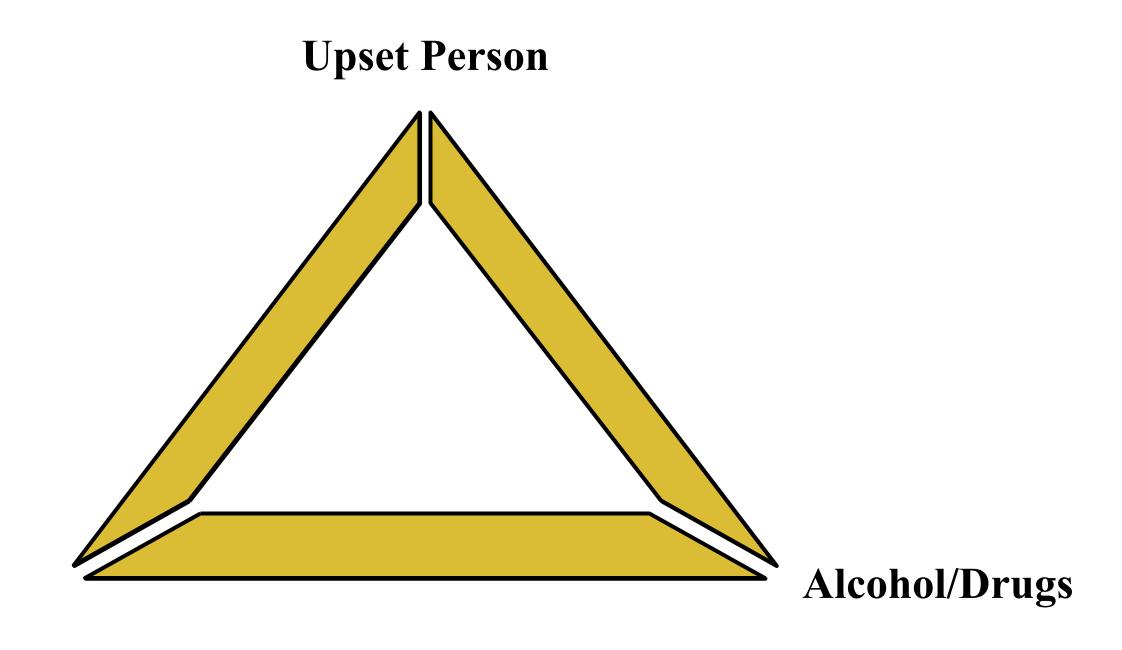
- Use of alcohol / drugs
- Changes in sleep
- Giving away possessions
- Isolating from others

Mood



- Depression / anxiety
- Humiliation / shame
- Loss of interest
- Sudden improvement

The Lethal Triad



When these three are present—risk of violence is high.

Firearm

TELL

THE PERSON WHAT YOU NOTICED

ASK

"ARE YOU THINKING ABOUT SUICIDE?"

LISTEN

TO THEIR STORY

KEEP SAFE

BY REMOVING THE MEANS & CONNECTING TO RESOURCES



COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Primary Care

| Ask questions that are in bold and underlined. | Past month | |
|---|---------------|-----|
| Ask Questions 1 and 2 | | NO |
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | | |
| 2) Have you had any actual thoughts of killing yourself? | | |
| If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | |
| 3) Have you been thinking about how you might do this? | | |
| e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it…and I would never go through with it." | | |
| 4) Have you had these thoughts and had some intention of acting on them? | | |
| as opposed to "I have the thoughts but I definitely will not do anything about them." | | |
| 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? | | |
| 6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> | Lifet | ime |
| Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. | Pas Mon | |
| If YES, ask: Was this within the past 3 months? | | |

Response Protocol to C-SSRS Screening

Item 4 Behavioral Health Consultation and Patient Safety Precautions
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Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

The Road to Hope & Healing

"GRIEF IS THE PROOF THAT LOVE IS STILL THERE."

- Tessa Shaffer

Free 24/7 Crisis Services

IT'S OKAY TO ASK FOR HELP

National Suicide Prevention Lifeline Network www.suicidepreventionlifeline.org | 1-800-273-TALK (8255)

Crisis Text Line
Text TALK or HELP to 741-741

Georgia Crisis and Access Line www.mygcal.com | 1-800-715-4225

Also visit your:

- Primary care provider
- Local psychiatric hospital
- Local walk-in clinic
- Local emergency department
- Local urgent care center

Contribute to Community Safety

INDIVIUALS WHO PRESENT WITH SUICIDAL OR HOMICIDAL IDEATION

- Take people seriously when they threat suicide
- Identify resources and share with others
- Volunteer to tell your story
- Promote physical and mental health
- Practice kindness and compassion toward yourself and others

Thank You!

YOU ARE MY HERO



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SafetyandResilience

