

Safety & Resilience

TRAUMA & SUICIDE AWARENESS TRAINING



SAVANNAH CHATHAM COUNTY PUBLIC SCHOOL SYSTEM
CHATHAM COUNTY SAFETY NET PLANNING COUNCIL, INC.

Learning Objectives

- Build an understanding of youth mental health and trauma
- Describe the “Window of Tolerance” and why it matters
- Identify helpful strategies for building resilience
- Learn how to take the first steps to help a person with thoughts of suicide
- Contribute to safety and wellbeing in the community

Suicide Data: Georgia



Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2019 data from the CDC, the most current verified data available at time of publication (January 2021).

10th leading cause of death in Georgia

3rd leading

cause of death for ages 10-24

2nd leading

cause of death for ages 25-34

4th leading

cause of death for ages 35-54

10th leading

cause of death for ages 55-64

17th leading

cause of death for ages 65 & older

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Georgia	1585	14.67	31
Nationally	47,511	13.93	

See full list of citations at afsp.org/statistics.

60.9% of communities did not have enough mental health providers to serve residents in 2020, according to federal guidelines.

Over four times as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 33,154 years of potential life lost (YPLL) before age 65.

56.34% of firearm deaths were suicides.

60.25% of all suicides were by firearms.

afsp.org/statistics



Prevent Suicide Today



The Need is Real

YOUTH 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.
- 46% of U.S. youth under age 18 have had at least one adverse childhood experience (ACE), and 20% have had at least two.
- Trauma is a risk factor in nearly all behavioral health and substance use disorders.
- 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop post traumatic stress disorder (PTSD).



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*

ACEs

ADVERSE
CHILDHOOD
EXPERIENCES

Three Cs of ACEs

CHILDHOOD
COMMUNITY
CLIMATE

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Abuse toward Parent



Substance Abuse



Divorce



TOO
MUCH
TOO
FAST

TOO
LITTLE
FOR TOO
LONG

TOO
MUCH
FOR TOO
LONG

Thinking

Paranoid
Nightmares
Dissociation
Forgetfulness
Poor Decisions
Distorted Thoughts
Suicidal/Homicidal

Emotional

Rage/Fear
Avoidance
Depression
Grief
Guilt
Shame
Apathy
Anxiety

Physical

Numb/Fatigue
Physical Pain
Rapid heart rate
Breathing problems
Tight Muscles / Sleep Problems
Stomach Upset
Hypervigilance
Trembling

COMMON REACTIONS DURING & AFTER A STRESSFUL/TRAUMATIC EVENT

Spiritual

Hopelessness
Loss of Faith
Hyper-religiosity
Deconstruction of Self
Guilt
Doubt

Behavior

Isolation
Tantrums
Self-Injury
Violent behaviors
Addictions
Eating Disorders
Abusive Behaviors

Relationships

Angry at others
Isolation
Missing work
Overly Dependent
Irritability
Inability to say “no”

Autonomic Nervous System:

Responding to the demands of the world

ACCELERATOR – “ON” MODE

Sympathetic Nervous System:
Fight | Flight

BREAK – “OFF” MODE

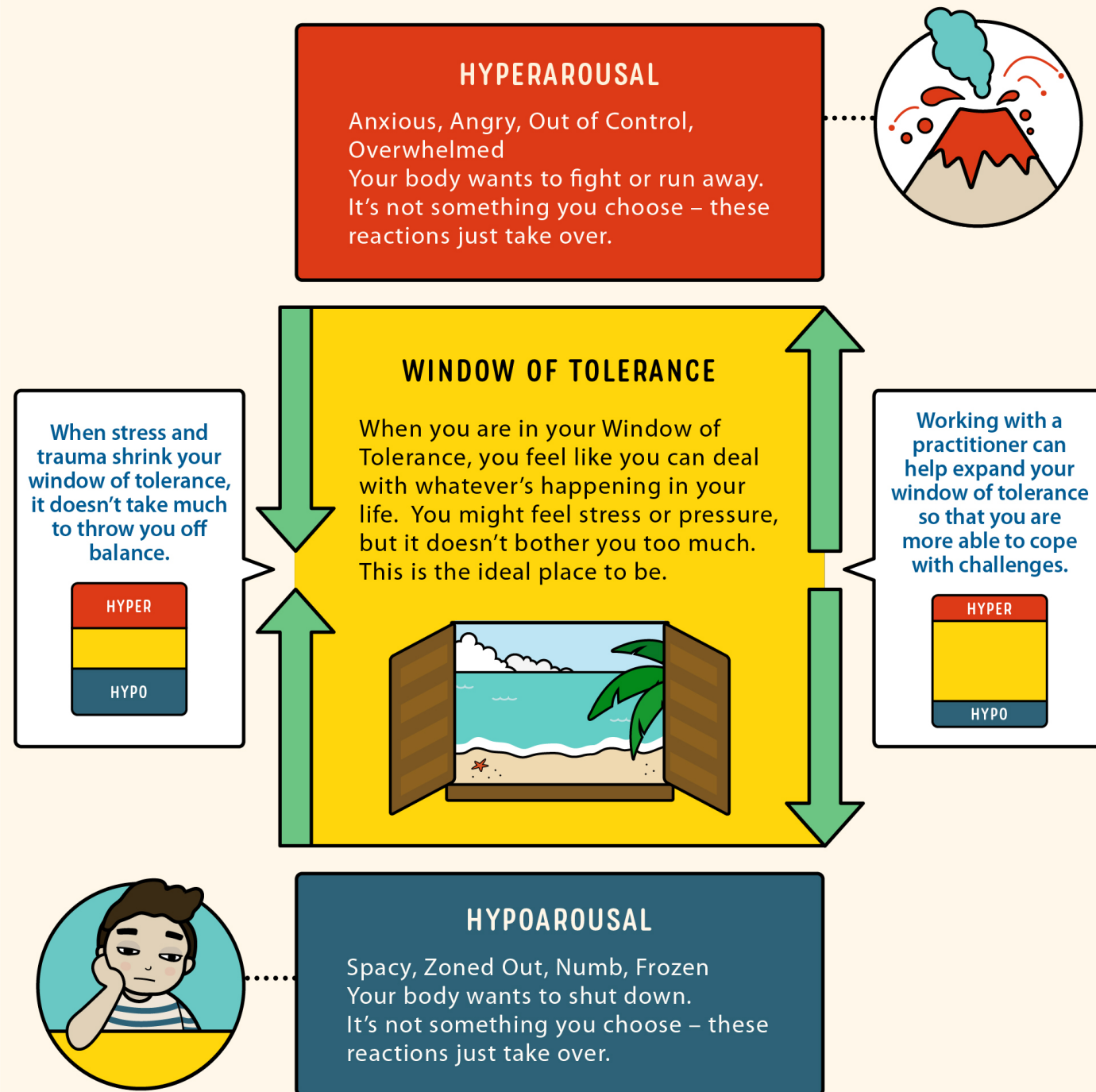
Parasympathetic Nervous System:
Freeze

Automatic stress responses are adaptive –
they are part of our automatic survival instinct



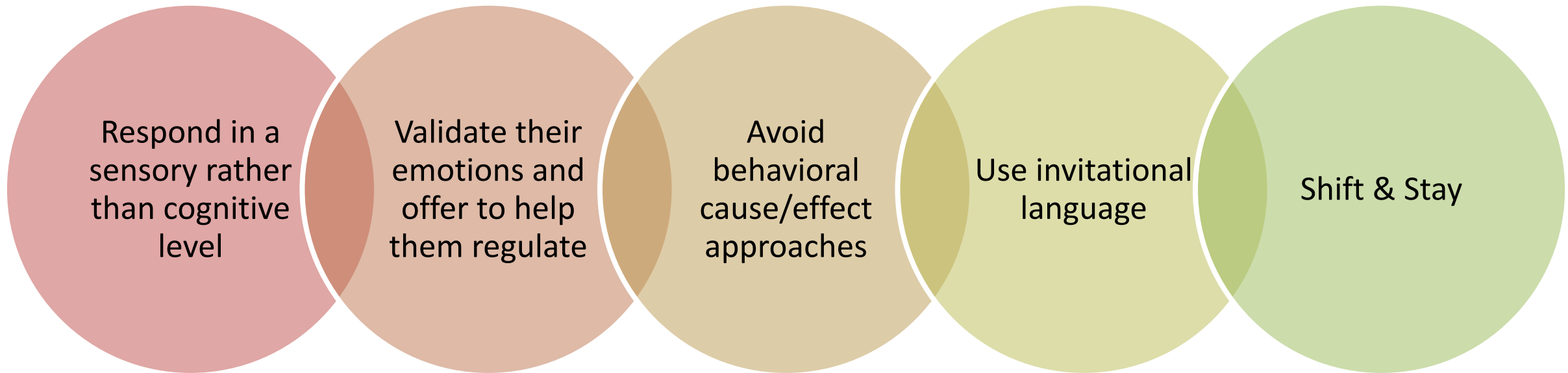
What is the “*Window of Tolerance*”?

An optimal zone of arousal in which people can function most effectively.



How to help others access the window?

Communication Techniques






Keeping Safe for Now

“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.”

— *Bessel A. van der Kolk*


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



Uncover the **facts**

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.

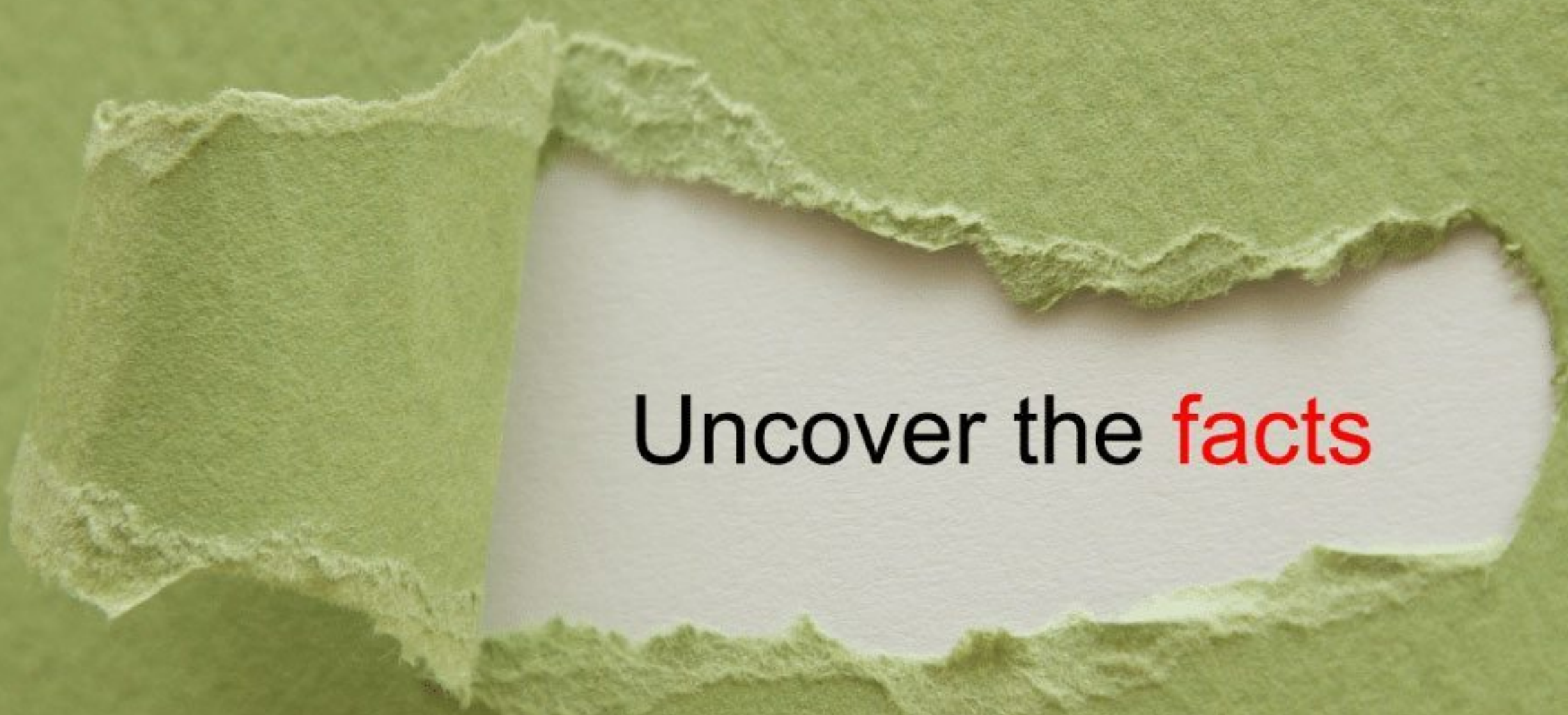
Myth: Asking about suicide may give someone the idea.



Uncover the facts

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



Uncover the **facts**

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

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



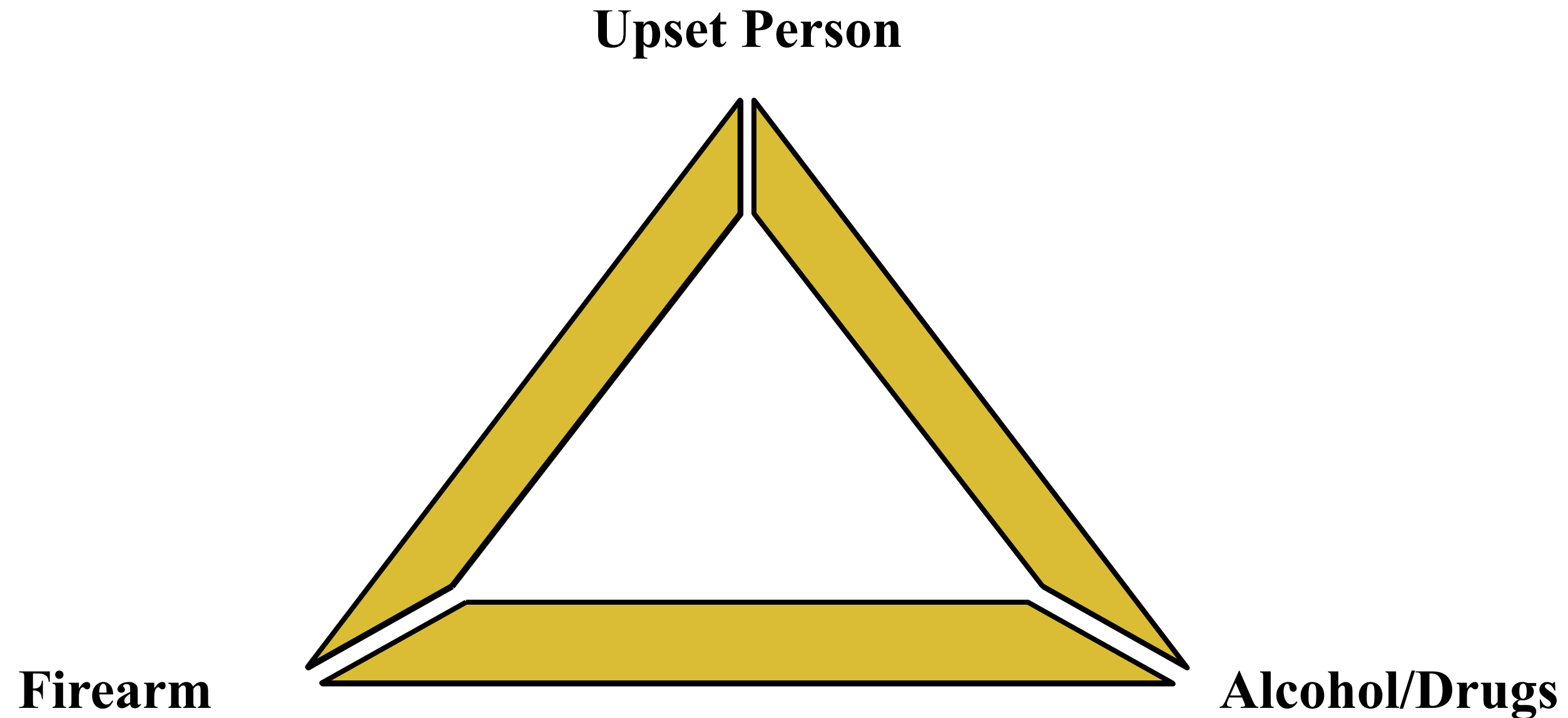
- *Use of alcohol / drugs*
- *Changes in sleep*
- *Giving away possessions*
- *Isolating from others*

Mood



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

The Lethal Triad



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

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



Respectful &
Persistent
Inquiry

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		YES	NO
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you had any actual thoughts of killing yourself?</u>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <u>Have you been thinking about how you might do this?</u> 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) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>			
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> 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. If YES, ask: <u>Was this within the past 3 months?</u>		Lifetime	
		Past 3 Months	

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral

Item 2 Behavioral Health Referral

Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 4 Behavioral Health Consultation and Patient Safety Precautions

Item 5 Behavioral Health Consultation and Patient Safety Precautions

Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

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



ADVERSITY IS
NOT DESTINY

*You are not alone.
Help is available.*



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

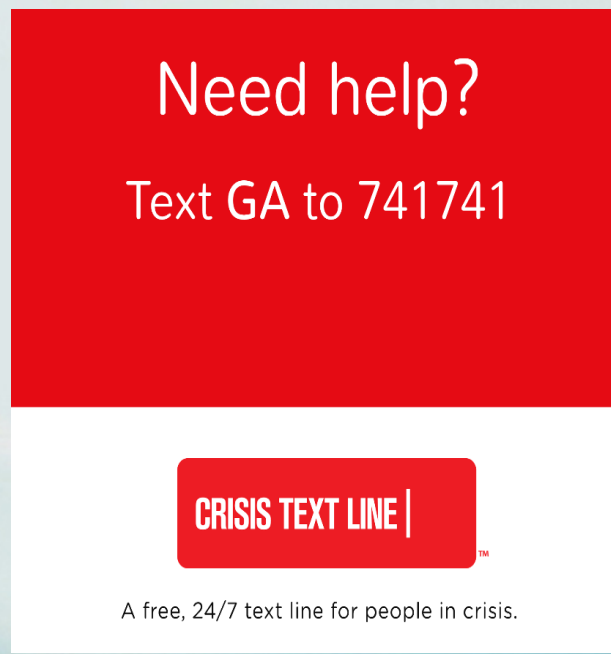
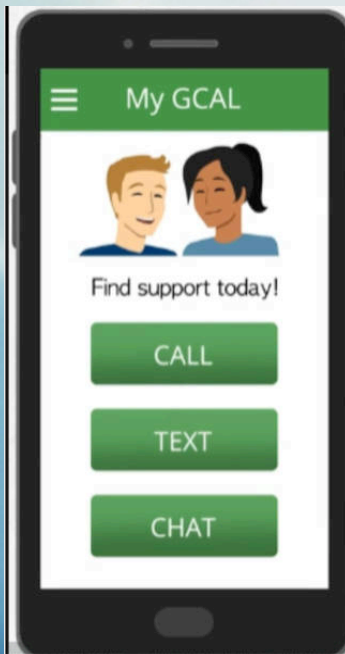
Georgia Crisis and Access Line

www.mygcal.com | 1-800-715-4225

Also visit:

- Gateway Behavioral Health Crisis Center, 2121 E DeRenne Ave, Savannah, GA
- Primary care provider
- Local emergency departments
- Local urgent care centers or walk-in clinics

National & Georgia Resources



Prevent **S**uicide **T**oday



BEHAVIORAL HEALTH RESOURCES

Developmental, mental health and addictive disease help.

GEORGIA CRISIS AND ACCESS LINE (800) 715-4225

24/7, confidential crisis intervention.

BEHAVIORAL HEALTH/ADDICTIVE DISEASE & DEVELOPMENTAL DISABILITY

Information on services, call (855) 606-2725

www.mygcal.com

YOUTH BEHAVIORAL HEALTH HOTLINE

My GCAL App

Phone, text, and chat

services for Georgia's youth.



GATEWAY BEHAVIORAL HEALTH

800 East 70th St.

Savannah

(912) 790-6500

1-866-557-9955

Hours:

Mon – Thurs: 8 AM – 6 PM

Fri: 8 AM – 12 PM

RECOVERY PLACE COMMUNITY SERVICES

515 E. 63rd St.

Savannah

(912) 355-5938

Hours:

Mon – Thurs: 8 AM – 9 PM

Fri: 8 AM – 7:30 PM

Community Resources

HUGS INC. (Heads Up Guidance Services)

Mental & Behavioral Health Counseling & Addiction Recovery Services.

5 Executive Circle

Savannah

(912) 417-4320

For appointments,

call (912) 417-4320

ST. JOSEPH'S/CANDLER'S JOHNNY'S BRIDGES TO HOPE

5353 Reynolds St.

Savannah

For appointments,

call (912) 819-8498

AMERICANWORK, INC.

836 East 65th St.

Savannah

Outpatient: (912) 354-5780

Day Treatment: (912) 354-7077

Hours:

Mon – Fri: 8 AM – 5 PM

NOTE: J.C. Lewis, Curtis V. Cooper and SJ/C's St. Mary's Health Center provide behavioral health services.

www.chathamsafetynet.org

Prevent Suicide Today



suicideTALK

Thank You!

YOU ARE MY HERO



asist@chlink.org



912.661.0577



PreventSuicideToday

