

Suicide Awareness and Prevention

FREE

Finding Hope.

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Love Changes Everything

By Matt Sweeney, Ministry Coordinator, Rogue Valley Youth for Christ, Medford

Teens, hopelessness and suicide. Too often these three combine and when they do, the amount of pain they spread is nearly impossible to fathom. My initial reaction when first presented with this assignment was: "OK, I can do this. It'll take some work but it's not impossible". After more reflection, the intimidation factor increased . . . a lot.

For 25 years, I've served as a chaplain. I cut my teeth in chaplaincy at Pelican Bay State Prison, a maximum security men's facility in Crescent City, California. Along the way I switched focus and for 21 years served as a lead chaplain in the local juvenile detention center and a nearby youth correctional facility. As a chaplain, I've dealt with a lot of crazy issues faced by kids and adults who have endured some of the most unbelievable pain that can be inflicted on a person. Among those I count as "my kids" are teens and young adults who carry inside emotional wounds infected with anger, bitterness and unforgiveness. Too often these lead to destruction and addiction.

Long ago, I found that most people don't want to hear about this stuff. Many times I've been talking with a friend sharing the experiences of kids I know. My hope was to

engage them in helping minister to hurting kids. I've learned that most people, instead of becoming excited to learn more, tend to develop a blank stare on their face before looking for the first opportunity to exit the conversation.

My first experience with suicide came around age 12. It was a surreal day when word came that my dad's kid brother had taken his life. Uncle Karl was gone? I didn't understand. What about Aunt Teresa and my cousins? Years later, as a detention center chaplain, I learned that Samantha had ended her life while strung out on meth. I had invested years of time and heart to help Sam heal from the wounds in her life but, as she drifted into drugs, she drifted out of reach. Her picture still haunts me today.

This "final answer" to the problems of life is certainly final, but it solves nothing. Instead, it leaves loved ones to struggle with the shattered pieces of a devastated heart.

Throughout my life, I've seen people spend a lot of energy to put others down, to minimize the humanity of those they consider "less than." In fifth grade it was Judy, a helpless girl who needed someone to care. Judy was a target because she looked different from the rest of us. Sadly,

though I knew it was wrong, I lacked the courage to stand up for her. Today I ponder where she is and what trauma she has had to endure. Did it lead to the hopelessness that seeks a "final answer"?

In my teens, I had my first experience with hurting so bad I contemplated a "final answer". I was a good kid from a pretty stable home. I was also working to complete high school in just three years, plus I was working 32 hours a week at the local gas station, plus I was trying to manage a relationship with a girlfriend I truly loved. I didn't know that I lacked the maturity for such an intense relationship.

Suicide is rooted in a deep loss of hope. This loss of hope can be organic, situational or a little of both. No matter what the source, depression needs to be taken seriously...

Individually, each source of stress was manageable, but combined, I found myself at a crisis point one day with a revolver in my hand. Thankfully, I was too intimidated by the possibility I was contemplating, though, like too many teens, I could have easily made a choice that would have had traumatizing consequences on many of the ones I love.

Years later, as my first marriage was coming apart, I experienced pain like I had never known before. This was another time when I considered the idea of seeking the "final answer", but this time I knew better. As a chaplain, I found myself wrestling with God... a lot. This time, as I struggled with deep pain, I also began to look more closely at the lives of kids I was called to serve. I began to listen more closely to the pain they carried. Slowly my heart opened up to see that their struggles were not just "kid stuff". I'd come to realize, pain is pain whether you are 14 or 40; and human beings deserve to be taken seriously if the breakup is a 20-year marriage or a high school romance.

Suicide is rooted in a deep loss of hope. This loss of hope can be organic, situational or a little of both. No matter what the source, depression needs to be taken seriously, and for me, I take it especially seriously when I see it in kids. There was a time in life when I ridiculed the teen outcast. Spiked

hair and weird clothes brought mocking from me. I've come to regret that. I had to forgive myself for being one who added to the wounds, instead of the healing. I failed to see the amazing creation of God that each human being is.

I've seen hopelessness and failed to act. I've lived through hopelessness and nearly let it destroy me. I've fed the hopelessness in others and thought it was funny. In the end, I've finally come to see people for what they truly are: treasures created in God's image and worthy of all the love and respect I can give. It has been a vital journey of transformation.

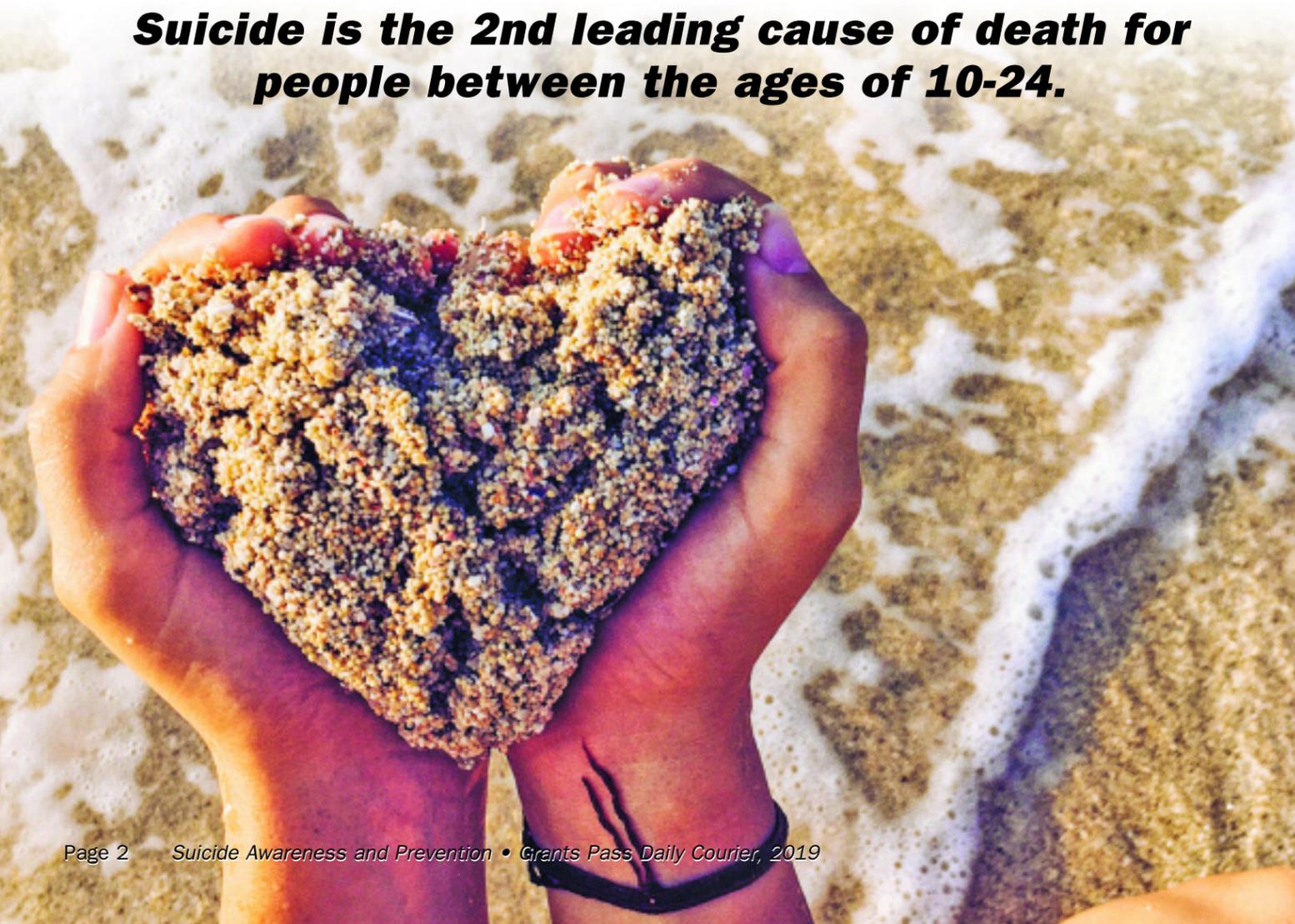
My journey began at the age of 35, when it surprised me to discover I was pretty ignorant on the matter. Not knowing what else to do, I went to the source to learn about love. I began asking, then begging, then demanding, that God would teach me how to truly understand and know love. In the pain of divorce, I became desperate to know how to love others, how to love God and even how to love myself. I wanted to learn to "see" people, including myself, through His eyes.

This journey to learn love has transformed me. In my younger years, I would have thought of this kind of love as weakness but, once again, I was ignorant. With love comes freedom from guilt, shame, bitterness and, above all, freedom from hopelessness. With great love comes great strength, along with purpose and meaning in life like never before. The capacity to love provides the capacity to forgive both others and myself, and that is transforming.

Years of getting to know kids in juvenile detention has taught me that at least 60% have had something done to them that was so bad they could never forgive the person who did it. To make matters worse, 60% + (not necessarily the same kids) have done something so bad they cannot find a way to forgive themselves. This is hopelessness that destroys lives. Real love is the only answer that heals these kinds of wounds.

I was invited to write about teen suicide, but it appears I've written about a journey to understand love at the deepest level. Suicide is rooted in hopelessness that is so deep it blots out everything else. Learning to love gives the tools to reach into the darkness with hope and light. Learning to love provides an internal light that prevents the darkness from becoming overwhelming. Learning to love changes everything.

Suicide is the 2nd leading cause of death for people between the ages of 10-24.



SUICIDE WARNING SIGNS

These signs may mean that someone is at risk of suicide. Risk is greater if a behavior is new or has increased and it seems related to a painful event, loss or change.

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.



Getting Through Today

OregonYouthLine.org

MY BODY:

I'm feeling: Tired, Hungry, Crummy, Lazy, No Energy

When you're not taking care of your body, nothing else feels right, so this is a great place to start when you feel like there's too much going on to handle. *Here's what I can do to take care of my body when I feel like my back is against a wall:*

- Eat a tasty snack
- Drink a big glass of water
- Exercise
- Get up, bathe, get dressed
- Turn on some music and dance
- Take 10 deep breaths
- Go to bed early or take a nap

MY MIND:

I'm feeling: Panic, Anger, Sadness, Hopelessness, Negativity, Frustration

When you're really stressed, it's important to relax your mind, and it's really hard to do that in the heat of the moment. *Here's what I can do to take care of my mind when my life feels out of control:*

- Listen to music or work on a song
- Watch a movie
- Do something artistic
- Write in a journal
- Read a book
- Lose the caffeine
- Take a personal time out
- Look in the mirror and say, "I'm a rock star!"

MY SOCIAL LIFE:

I'm feeling: Isolated, Lonely, Disconnected, Left Out, Antisocial

We all feel better when we're around other people. That's why the last step in your plan should be to connect with others or reach out for more help. There's no reason to try to deal with it alone. *Here's what I can do to take care of myself socially when I'm feeling alone:*

- Call a friend or family member
- Start a blog
- Look into school clubs to join
- Play with a pet
- Volunteer for something
- Connect on social media
- Go out and people-watch

In crisis, a text message saves lives. Text "SOS" to 741741

To meet people where they already are, texting is a natural choice in our modern era. Statistics show that 75 percent of millennials preferred texting over talking on the phone and that only 5% of teens in crisis are willing to call a phone crisis line, but they are willing to text. Texting is a way to communicate with a skilled Crisis Counselor and the Crisis Text Line has already exchanged well over 100 million text messages with users in the past six years.

A crisis is a hot moment where you can be tipped to a healthy decision or an unhealthy one. The Crisis Text Line offers a free, anonymous, confidential and safe way to work through a crisis on a secure online platform, any time of the day or night.

The Crisis Counselor listens, without judgement or criticism, to anyone in crisis which includes deaf or the hard of hearing and particularly youth dealing with issues ranging from grief, anxiety, abuse, depression, bullying, pregnancy, self-harm, gender identity,

substance abuse and suicide.

Crisis Counselors and algorithms can do far more together than either can on their own. By analyzing each text message, words, statements and emoticons, those associated with high suicide risk are identified and answered first.

The Crisis Counselor helps you move from a hot moment to cool calm through active listening and collaborative problem solving. You'll text back and forth, sharing only what you feel comfortable to share. While Crisis Counselors are not equipped to offer ongoing therapy, the support and referrals they do provide can make a lasting difference in a texter's life. Conversations usually end after 15-45 minutes when you and the Crisis Counselor feel comfortable that you're in a "cool", safe place. And all of that information is on your cell phone for future reference.

CrisisTextLine, Text "SOS" to 741741

Need help?

GO TO
CrisisTextLine

TEXT
"SOS" to 741741

It takes real strength to ask for help.



QPR: Question, Persuade, Refer



Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR stands for Question, Persuade, and Refer — the three simple steps anyone can learn to help save a life from suicide.

Just as people trained in CPR and the Heimlich maneuver

help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. QPR can be learned in as little as one hour.

For more information, please visit www.QPRInstitute.com.

QPR Suicide Prevention: Question, Persuade, Refer

ASK A QUESTION, SAVE A LIFE

QPR is an approach to confronting someone about their possible thoughts of suicide. It is not intended to be a form of counseling or treatment, instead a means to offer hope through positive action. There are three simple steps to follow:

QUESTION

Question the person about suicide. Ask if they've had any thoughts about it, feelings, or even plans? Do not be afraid to ask!

PERSUADE

Persuade the person to get help. Remember to listen carefully and then say, "Let me help" or "Come with me to find help!"

REFER

Refer for help. If it is a child or adolescent, contact any adult, parents, minister, teacher, coach, or a counselor (1-800-866-HOPE)

www.QPRInstitute.com

TO SAVE A LIFE...

- Realize that someone might be suicidal
- Reach out. *Asking the suicide question DOES NOT increase the risk*
- Listen. Talking things out can save a life
- Don't try to do everything yourself
- Don't promise secrecy and don't worry about being disloyal
- If persuasion fails, call your mental health center, local hotline or emergency services, or call 1-800-SUICIDE

REMEMBER

Since almost all efforts to persuade someone to live instead of attempting suicide will be met with agreement or relief, don't hesitate to get involved or to take the lead.

WARNING SIGNS OF SUICIDE

- Suicide threats
- Previous suicide attempt
- Alcohol and drug abuse
- Statements revealing a desire to die
- Sudden changes in behavior
- Prolonged depression
- Making final arrangements
- Giving away prized possessions
- Purchasing a gun or stockpiling pills

The more clues and signs observed, the greater the risk.





Understanding Suicide Prevention

Excerpted from www.bestcolleges.com



Death by suicide is a serious public health issue that has increased by 24% over the last 15 years in the U.S., with more than 42,000 people dying from suicide each year. Statistics show that suicide rates have risen across all age groups and genders during this period, though even with a 200% increase in the suicide rate of females age 10-14, the suicide rate of men remains almost four times higher than that of women. Public health experts suggest that the key to lowering the suicide rate is prevention, including educating the public about recognizing suicidal behavior and improving support resources for those who are at risk.

Experts agree that issues leading a person to attempt suicide are typically multi-faceted. Since 1999, reports indicate that the economic recession and an increase in substance abuse may have contributed to higher suicide rates in the U.S. Studies also show that a vast majority of people who have died by suicide had psychiatric conditions including depression, schizophrenia, or bipolar disorder, though there may be a combination of factors that lead a person to attempt suicide.

The Stigma of Suicide

Stigmas surrounding suicide are widely prevalent in society today. Many people experiencing uncontrollable mental health conditions or suicidal behavior have been made to feel fearful of the reactions of peers, co-workers, family, and society. In actuality, continuing to treat suicide as a taboo subject only perpetuates feelings of isolation and shame, and detracts from crucial suicide prevention resources for those at risk. Experts agree that concerted efforts to eliminate the stigmatization of suicide are necessary in order to eventually lower the suicide rate in the U.S.

Studies suggest that engaging at-risk individuals through public awareness can be an effective method of suicide prevention and support. While generic public service announcements may seem far-removed, public sharing of the stories of those who have considered or attempted suicide

themselves seems to be an effective method of suicide prevention. This “direct-contact” approach not only speaks to individuals in crisis in a relatable way, but also helps break down the larger stigma surrounding suicide in the public forum.

Demystifying Suicide

There are many misconceptions that contribute to an unrealistic picture of suicide in society. People who have not been affected by suicide may subscribe to untrue myths about this serious issue that continue to impact others. Those experiencing severe symptoms of suicidal behavior are typically facing such deep despair that they simply see no other option to end their suffering. *For most, their goal is not to die but to eliminate the pain of their current circumstances, and so they are deeply conflicted about attempting suicide.* Learning the facts and demystifying suicide can help to save a life.

Risk Factors

There are many risk factors that may help determine if a person is at a high risk of attempting to end their life by suicide. It is important to understand the difference between risk factors and warning signs. While risk factors may indicate that a person is at a high risk to experience suicidal behavior, this designation does not speak to the immediate threat of suicidal behavior, which is where warning signs come into play. Statistics show that those who have previously attempted suicide are 38 times more likely to die by suicide than those who have not attempted suicide. Those with a history of alcohol abuse are six times more likely to die by suicide than those without such a history. In addition, people with mood disorders and access to fatal means are at a higher risk of suicide than those without.

10 Common Risk Factors of Suicide

- Previous suicide attempt(s)
- Family history of suicide, abuse, and/or mental disorders
- Active alcohol and/or substance abuse
- Family history of alcohol and/or substance abuse
- Underlying psychiatric and/or mood disorder
- Experienced traumatic life event
- Access to lethal weapons and/or substances
- Social isolation and/or alienation
- Medical conditions such as a chronic ailment or terminal illness that could worsen depression
- Conflict over sexual identity and/or other personal relationships

There are many more.

Warning Signs

Identifying the warning signs of suicide can often mean the difference between life and death. The importance of recognizing common warning signs of suicidal behavior and knowing when to take action in this emergency situation cannot be overstated. While risk may be high for suicidal

behavior, *displaying warning signs of suicide such as threatening to kill him or herself, pursuing lethal means and/or a dramatic shift in mood, should be taken seriously as this behavior indicates the immediate risk of suicide as opposed to simply a likelihood.* Studies show that, while risk factors can affect an entire demographic and occur more frequently in certain communities or cultures, warning signs are specific to the individual who is in crisis and in need of immediate professional medical intervention.

10 Common Warning Signs of Suicide

- Extreme mood swings and/or personality changes
- Increased fixation on death, suicide and/or violence
- Withdrawal from family and friends
- Communicating feelings of hopelessness, such as saying they have “no reason to live”
- Communicating a desire or plan to die by suicide
- Giving away belongings or items of special meaning or significance
- Obtaining a weapon or other means of lethal self-harm
- Increased alcohol and/or substance abuse
- Engaging in risky and/or dangerous behavior
- Loss of interest in people, things, places and activities they previously cared about

Getting Help

Getting help for suicidal thoughts is the most important step of the process. First and foremost, give yourself permission to seek help from a professional. Taking action to save a life is not “wrong” or “bad”; on the contrary it is the most effective thing you can do for yourself or someone else who is in crisis.

In addition to using the National Suicide Prevention Lifeline, there are many other ways to reach out for help if you are in crisis. *In an emergency, experts suggest that you call 911, your doctor, or a crisis intervention specialist, for example, or go to a medical or psychiatric clinic or facility that can help you right away.* Do not feel that you have to remain isolated or be alone. Understand that the professionals, law enforcement or interventionists you seek out are there to help and support you in working through your suicidal thoughts.

How to Help Others

Helping someone who is suicidal may seem like a difficult task. While helping to potentially save a life is of utmost importance in this situation, knowing the right steps to take is crucial to providing effective help for a friend or loved one in crisis. You can start simply by paying attention to warning signs, talking openly about suicide, and letting them know you are there for them. You may be the key factor in connecting this person to a professional who can help them through this painful time.

Helping the person reach out to the National Suicide Prevention Lifeline or their health care provider can be helpful. Reassure them that they are not alone and that you and the other professionals involved are there to support them. In an emergency, call 911 for immediate assistance if your safety or the safety of the suicidal person is compromised. Avoid leaving the suicidal person alone and remove any lethal means from

their reach. Offer your continued support, holding their hand if necessary, until professional help arrives.

Suicidal individuals often feel they have no choice other than suicide, that they have no control over their situation, and that no one close to them can understand what they’re going through. Though it may seem difficult to determine, knowing when someone requires emergency care is critical. Recognizing an emergency, such as when a person is threatening to kill him or herself and has the means to do so, can help to potentially save a life. When any or all of the following signs are present, remain calm and act immediately to seek professional help.

How to Know If It Is an Emergency:

- The person has suddenly lost or gained a lot of weight or drastically changed their appearance
- The person has removed him/herself from all social activities and become reclusive
- The person is suddenly unable to maintain a routine or schedule including keeping their job
- The person is suddenly participating in dangerous behavior including substance/alcohol abuse
- The person is suddenly involved in other harmful situations that seem out of character including abusive relationships or anonymous sex

What to Do If It Is an Emergency:

- **Call 911 or the National Suicide Prevention Lifeline at 800-273-8255**
- Stay with the person. If you must leave, ask someone you trust to stay with the suicidal person; do not leave them alone
- Remove all lethal weapons, medications, and other means of potential harm from the premises
- Accompany the person to an emergency room or psychiatric clinic with walk-in services
- Avoid putting yourself in a dangerous situation; call 911 for your own safety, if necessary

How Do We Talk About Suicide?

Openly talking about suicide is not something most people have experience doing. However, if you should find yourself in the position of needing to lend an ear to suicidal person, knowing how to positively interact with them can be a crucial step toward getting help and potentially saving a life. Though you may instinctively feel emotional about the suicidal person’s statements, generally you should avoid reacting in a way that is judgmental or makes the person feel isolated. The following are just a few examples of positive conversation-starters, questions, and words of encouragement for a person with suicidal thoughts:

- “I have been concerned about you and wanted to see how you are doing.”
- “How can I help support you right now?”
- “Have you considered getting help?”
- “I’m here for you. You are not alone.”
- “I care about you and I want to help.”

From: www.bestcolleges.com/resources/suicide-prevention





The Impact of Suicide in the Workplace

by Cathy Thayer, RN, BSN, MS Education and Bea Berry, RN, MS

As suicide rates have climbed in recent years, so have instances of employees ending their lives at the workplace. Nationwide, the numbers are small, but striking. According to the *Bureau of Labor Statistics*, suicides at workplaces totaled 291 in 2016, the most recent year of data and the highest number since the government began tallying such events 25 years ago.

However, it is not only suicide that occurs in the workplace that has an impact on employees. When coworkers or their family members attempt or complete a suicide, no matter where it happens, it is traumatic for colleagues. There can be overwhelming feelings of guilt, grief and anger, even by those who may not have been close to the employee.

Contributing Factors

People react differently to stress, including job stress, depending on their psychological resilience, coping skills, and resources.

Job stress occurs when there is a mismatch between the demands of the job or work environment, and the capabilities, resources, and needs of the worker. Long term exposure to job stress has been linked to a host of health outcomes, including an increased risk of suicide.

In some cases, it is possible to draw a clear link between a workplace stressor and a suicide act, such as in the case of a worker who is reprimanded or let go and subsequently attempts or completes suicide.

Traumatic events may be associated with:

- Job transitions such as retirements, lay-offs, or dismissals
- Disciplinary actions
- Situations in which a worker has suffered serious embarrassment, shame or been found to be involved in an illegal act, such as sexual assault or a misappropriation of company funds

More often, however, chronic workplace stress will play a contributory role among workers who are already vulnerable to suicide because of pre-existing mental health or personal problems and who have access to lethal means.

Stressful work environments are characterized by:

- A lack of time to do the work
- Uncontrollable or irregular work schedules
- Poor physical work environment such as lack of space, excessive noise, poor lighting, and extreme temperatures
- Strife caused by poor employee relations, bullying or harassment
- General uncertainty such as constantly changing duties or job insecurity
- A push to do more with less

Certain occupations are more stressful such as:

- Workers involved with high levels of interpersonal contact with the public
- Those in law enforcement if exposed to traumatic or violent events
- Assembly line workers involved in repetitive tasks
- Air traffic controllers
- Health workers

Women are particularly likely to suffer work-related stress because they:

- Often have the primary responsibility of child care and family management
- Tend to be concentrated in lower-paying or lower-status jobs
- More often work varying and odd shifts or hours in order to accommodate family responsibilities
- Are more likely to suffer work-related discrimination and harassment

Distressed employees who don't care much about their jobs might choose to die by suicide at work because they won't have to worry about loved ones finding the body. On the other hand, workers consumed with their work also might end their lives while on the job, perhaps in an attempt to send a message.

Warning Signs

Employees may spend more face-to-face time with coworkers and managers than their own family and friends. The workplace may represent a place of belonging. An employee may share thoughts with a coworker or make comments that are overheard. Their proximity and abundant face time means coworkers or a manager might notice changes in behavior that are concerning.

Many of the warning signs for suicide are the same no matter where the person is, but there are some that are unique to the workplace. These may include:

- Increased tardiness or absenteeism
- Isolating themselves from coworkers
- Poor or declining work performance
- Physical or verbal aggression in the workplace (may be misconstrued as a performance or interpersonal issues rather than crisis behavior manifested in aggressive acting out)
- Asking about work provided life insurance policy details, especially as it relates to cause of death (i.e. accidental death coverage)

There are many reasons why workers don't seek treatment including:

- The stigma of mental illness — the major reason why employees do not seek help even when they need it
- Fear of losing their job
- Fear that their confidentiality will be broken by those an employee might confide in
- Afraid of being seen as "crazy" or weak



Prevention

Every company and organization needs to be prepared for the possibility of a workplace suicide or an employee suicide away from their workplace. The key components include:

- Putting in place emergency guidelines that include suicide response procedures
- Training designated staff on signs and signals of potential self-harm, and teaching those staff how to speak and ask about suicide in a frank and open manner
- Providing an Employee Assistance Program (EAP) to employees and their families and making it something that is openly discussed, promoted and not stigmatized
- Bringing in counselors to teach managers and employees how to spot some of the potential warning signs

How to Intervene

- Ask how he or she is doing
- Listen without judging
- Mention changes you have noticed in the person's behavior and say that you are concerned about his or her emotional well-being
- Suggest that he or she talk with someone in the Employee Assistance Program (EAP), the Human Resources Department, or a mental health professional
- Offer to help arrange an appointment and go with the person
- Continue to stay in contact with the person and pay attention to how he or she is doing

When signs are unclear or when employees are unsure how to respond, employees should be instructed to talk with their EAP or Human Resources Department, or call the **Suicide Crisis Line at 1-800-273-8255**.

Responding to Suicide

An effective workplace response to a death by suicide or an attempted suicide includes addressing impacts to the overall psychological health and safety of the coworkers. It is often very hard for employees of the coworker that died by

suicide to return to work or move forward. They often don't know how to handle it or what to say.

There is also the added impact of now having an area in their work space where a traumatic death took place. Seeing or being in that space continues to trigger an emotional reaction to the event.

Returning to work may be extremely difficult for the individual who made the suicide attempt, fearing what their colleagues will think about them. Respect and sensitivity are key to ensuring an employee's successful return to work after a suicide attempt.

After a suicide, companies usually tap into an Employee Assistance Program to help traumatized colleagues, including those who might have witnessed the event.

Wellness 2000, Inc., Corporate Wellness and Employee Assistance Programs

Resources

Preventing Suicide: A Resource at Work (World Health Organization). Comprehensive guide that touches on prevention, intervention and response for suicide in the workplace.

Suicide Prevention: How to help someone who is suicidal (Helpline.org). Comprehensive resource featuring suicide warning signs and tips on how to offer help and support.

Suicide Prevention... What Can You Do? (Living Works). Workplace training workshops on suicide prevention, including ASIST, suicideTALK, safeTALK, WorkingTogether and SuicideCare.

Action Alliance for Suicide Prevention. One of the most comprehensive guides for suicide support. It's website is also full of content and ideas.

Suicide Prevention Lifeline. Offers a support line as well as a chat and ways to encourage reporting via social and other channels.



Veterans and Suicide

by Kendra Barnes, LCSW, Suicide Prevention Coordinator, REACH VET Coordinator, VA Southern Oregon Rehabilitation Center and Clinics (SORCC)

The federal definition of a veteran is any person who served honorably on active duty in the United States Armed Forces. In 2015, veterans made up approximately 8% of the US population and 14% of all deaths by suicide that year were veterans. Suicide is a public health issue that affects people across the county, veteran or civilian, but its effects are felt significantly in the veteran population. The VA has embarked on a comprehensive public health approach to reducing veteran suicide rates.

Why are Suicide Rates Higher for Veterans?

Most suicide risk factors and protective factors are the same for veterans and civilians, but there are some experiences and characteristics that are related to military service.

Some of the shared risk factors between veterans and civilians include physical and mental illness, substance use, chronic pain, life transitions, and bereavement. Shared protective factors include social connectedness, positive coping skills, access to mental health care, and having a sense of purpose.

Veteran-specific risk factors include transition-related challenges, post-traumatic stress disorder (PTSD), traumatic brain injury, and experience with firearms. Veterans' protective factors include resilience and having a sense of belonging.

According to the most recent Centers for Disease Control (CDC) data suicide rates are climbing for the entire U.S. population — veteran and civilian. There are subgroups of the veteran population that are at higher risk for suicide based on the most recent data.

Those veterans who do not use Veterans Health Administration health care have higher suicide rates than veterans who seek care.

According to the most recent Centers for Disease Control (CDC) data suicide rates are climbing for the entire U.S. population — veteran and civilian. There are subgroups of the veteran population that are at higher risk for suicide based on the most recent data. Those veterans who do not use VHA health care have higher suicide rates than veterans who seek care.

What Should I Do if a Veteran I Know is in Trouble?

VA uses the **S.A.V.E.** model to act with care and compassion when you encounter a veteran experiencing a mental health crisis — the acronym helps remembering the important steps involved in suicide prevention.

S – Signs of suicidal thinking should be recognized.

A – Ask the most important question of all. "Are you thinking about killing yourself."

V – Validate the veteran's experience.

E – Encourage treatment, and Expedite getting help.

If you have identified warning signs or symptoms of a veteran being in mental health crisis or suicidal, asking them if they are having suicidal thoughts is a very important protective step. It allows the veteran to talk openly about suicide. As a person responding to someone in crisis, recognize the situation is serious and you may need to call for additional help. Do your best not to pass judgment and reassure the veteran that help is available.



What Should I Do if I Think a Veteran is Suicidal?

- Do not keep the veteran's suicidal behavior a secret
- Do not leave him or her alone
- Try and get the veteran to seek immediate help from his or her doctor, mental health provider, or the nearest hospital emergency room
- **Call 9-1-1**
- Call the Veterans Crisis Line at **1-800-273-8255** and press 1

For more information, training and volunteer opportunities, please contact your nearest VA or Vet Center by using www.va.gov/directory.

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Resources

• **VA – Southern Oregon Rehabilitation Center and Clinics & the Community Based Outpatient Clinics** in Grants Pass and Klamath Falls offer mental health services. For more information on the services provided www.southernoregon.va.gov.

• **VA Suicide Prevention Coordinator** Find your local SPC at VeteransCrisisLine.net/ResourceLocator.

• **Grants Pass Vet Center** offers counseling, outreach and referral services. For more information on the services provided www.va.gov/directory/guide/facility.asp?ID=598

• **Call the Veterans Crisis Line:** If you, or a veteran you know, is at risk for suicide or experiencing difficulty with mental health, call **1-800-273-8255** and press 1, chat online at www.VeteransCrisisLine.net/Chat, or text to 838255 for free, 24/7 confidential support.

• **Share a self-check quiz:** Help a veteran assess whether mental health treatment would be beneficial by sharing the link to www.VetSelfCheck.org.

• **Post-Traumatic Stress Disorder (PTSD)** Each VA medical center has PTSD specialists who provide treatment for veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you, visit www.ptsd.va.gov.

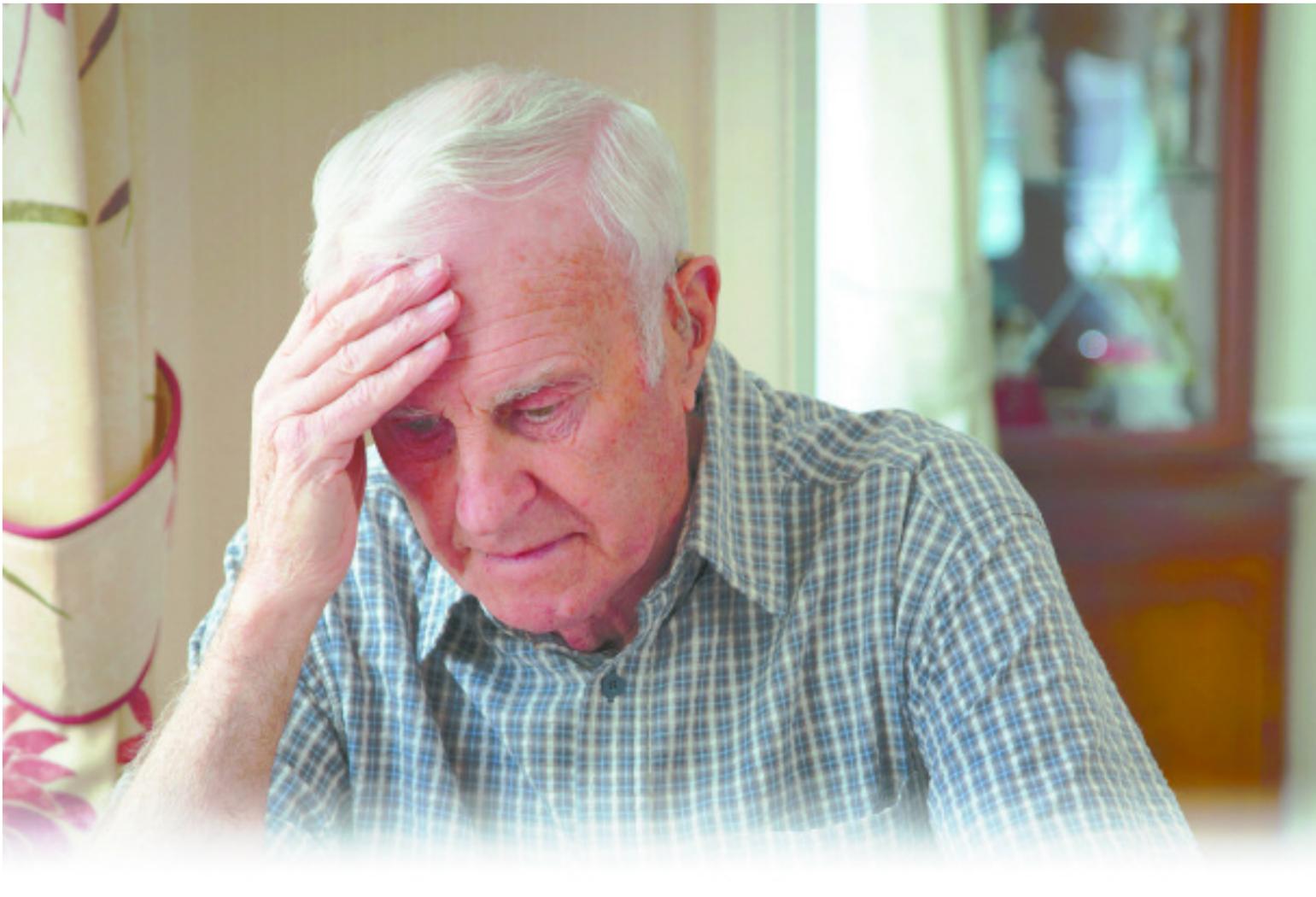
• **PTSD Coach App:** The PTSD Coach application allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp.

• **Help a Veteran facing homelessness:** Connect a veteran with support by contacting the National Call Center for Homeless Veterans at **1-877-424-3838**. For more resources visit www.va.gov/homeless.

• **Support a Veteran experiencing a substance use disorder:** If you are concerned a veteran you know may be misusing alcohol, opioids, or other drugs, encourage them to take a confidential assessment and learn about effective treatments at www.mentalhealth.va.gov/substanceabuse.asp.

• **MakeTheConnection.net** is a one-stop resource where veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, veterans and their families and friends can learn about available resources and support. Visit MakeTheConnection.net to learn more.

Find more resources: Locate mental health treatment and services near you at www.veteranscrisisline.net/GetHelp/ResourceLocator.aspx



Elder Suicide: A Needless Tragedy

By Barbara Worthington, Today's Geriatric Medicine

Older adult suicide is often triggered by elders' loss of control over health conditions or financial circumstances that results in feelings of hopelessness.

By the time older adults enter their seventh decade of life, their thoughts inevitably turn to life assessments. What achievements or accomplishments have marked life's journey to this point? What opportunities does life present over the upcoming decades? Has life fulfilled expectations? Are there goals still to be attained?

At the threshold of older adulthood, thoughts often turn to satisfaction in the past and confidence — emotionally, financially, and socially — in the life events yet to unfold. Unfortunately, for some older adults, such satisfaction and confidence are elusive or nonexistent. And in the face of hopelessness in the prospects for a satisfying future, some older adults choose to end their lives prematurely.

[Ed. Note: In 2016, the highest suicide rate was among adults between 45 and 54 years of age. The second highest rate occurred in those 85 years or older. Younger groups, including those aged 15 to 24, have had consistently lower suicide rates than middle-aged and older adults.]

Who and Why?

Older men are at higher risk of dying by suicide than older women. White males aged 85 and older are at the highest risk among all older adults.

Challenges placed on aging individuals can result in depression, which can easily evolve into clinical depression, according to Patrick Arbore, EdD, director of the Center for Elderly Suicide Prevention and Grief Related Services Institute on Aging in San Francisco. "An older person who is diagnosed with a complex illness such as cancer, Parkinson's, diabetes, dementia, etc. can trigger a depression," he says.

"Likewise, losses that include the death of loved ones, pets, and even the potential loss of self, can become extremely difficult to manage for elders," he says. Fears surrounding the ability to maintain an independent living status "can arouse enormous anxiety, especially when the older person values autonomy above all else."

Just as research in gerontology has shown a pattern in older adulthood associated with greater happiness in later life with activity and flexibility, the lack of such attributes or styles may be associated with unhappiness and possibly

suicide in late life, according to John L. McIntosh, PhD, a professor of psychology at Indiana University South Bend. "Health, finances, and social support are extremely important issues in life satisfaction and almost certainly suicide and depression in late life as well," says McIntosh. "Studies consistently show the tremendous relationship between suicide and depression."

Unfortunately, however, depression among older adults is underdetected, according to Iris Chi, DSW, Golden Age Association Frances Wu Chair for Chinese Elderly School of Social Work and Davis School of Gerontology at the University of Southern California in Los Angeles. She notes that older adults with personality types that are less open and more inward display a greater proneness toward death by suicide.

Other factors associated with suicide are frustration and anger, both of which can lead to aggressive behavior toward oneself.

Among other personality traits associated with older adult suicide cited by Arbore are timidity, shyness, seclusiveness, a tendency toward hypochondriasis, hostility, and a rigid, fiercely independent lifestyle.

Other factors associated with suicide are frustration and anger, both of which can lead to aggressive behavior toward oneself, says Arbore. Other contributing elements may include physical or psychological pain, frustrated psychological needs, and feelings of helplessness or hopelessness.

"Attitudes and beliefs can be significant factors in suicide, particularly autonomy, dignity, and responsibility," says Arbore. "Alcohol and other substance use disorders also place older people at significantly increased risk for suicide."

McIntosh suggests that suicide among older adults is "the result of several factors working in combination. Rarely, if ever, would a single factor produce a suicide." Problems within the medical, psychological, or social realms or combinations of difficulties in several areas may contribute to thoughts of suicide in older adults.

"Older adult suicide is not an impulsive act," says Chi. "Elderly suicide is contemplated for a long period of time."

"While it may appear that suicide is an impulsive act, people may have contemplated suicide for many years prior to their initiating a suicidal act," says Arbore.

Most older adults who have experienced stressors and problems throughout their lifetimes have developed successful coping mechanisms and responses that have enabled them to deal with distressing or burdensome situations. But elders who experience an elevated risk of suicide believe they cannot tolerate the level of psychological pain they are experiencing, believe there are no solutions for their problems, perceive themselves as powerless to change their life circumstances, feel that they are a burden to others, or find that life has no meaning, according to McIntosh.

Detecting the Warning Signs

Family members and professionals need to be alert to any change in behavior among older adults, says Arbore. "In our ageist culture, many family members think that depression is part of normal aging," he says. Sleep problems, either

sleeping too much or too little, eating problems, or other signs of depression should be taken seriously, he adds.

Of course, the presence of firearms in the household certainly increases the risk. "When verbal statements of wanting to die or kill oneself are heard, they should be taken seriously and mental health help sought immediately," McIntosh says.

He laments the fact that there are "few resources designed specifically for older adults who are suicidal," but, he says, "every community will have mental health professionals, as well as hotlines or even suicide prevention centers available to which they can turn for help for the older adult." He suggests a national hotline number, **800-273-TALK (8255)**, that older adults can call.

Additionally, according to Arbore, the Center for Elderly Suicide Prevention and Grief Related Services operates the only 24-hour hotline for older adults in the country. This "Friendship Line for the Elderly" has been providing around-the-clock assistance to depressed, isolated, bereaved, lonely, and/or suicidal older adults since 1973.

Looking Ahead

Successfully addressing the issue of older adult suicide in the United States faces significant hurdles, according to the experts. "In our ageist, death-denying culture, many older people, particularly men, slip into hopelessness and suicidal behavior because they believe that older age is a descent into loss and suffering," says Arbore.

"Because men have been conditioned since childhood not to acknowledge feelings, they have no way of expressing their fears about the inevitability of death," he says, adding that the concept of life's impermanence terrifies them. He suggests one way of expressing this fear is by acting to take control of this experience by ending their own life. "The inability to accept life on life's terms propels suicidal ideation," he says. "Unfortunately, I find that we have a long way to go as a society when it comes to decreasing the risk of suicide for older people."

The large cohort of baby boomers moving toward older adulthood has prompted thoughts as to their impact on suicide rates. "There is some expectation that as the large number of baby boomers reach old age in the upcoming years, that suicide rates will increase among the old," says McIntosh. However, he says, "This increase is anything but certain to occur." He suggests that, although such an increase is possible, boomers are better educated, expected to have more financial resources associated with that education and higher pay over their lifetime, and are in better health than most earlier generations.

Chi notes the necessity of improving health care and mental health services to older adults and increasing awareness through public education. The National Institute of Mental Health is one organization that has designed a program for health care clinics to improve recognition and treatment of depression and suicidal symptoms in older adults.

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www.todaysgeriatricmedicine.com/news/exclusive_03.shtml*



Elder Suicide: The Risks and What We Can Do to Help Our Loved Ones

By Cheryl Ronzini

Suicide has received considerable media attention in recent years, as cases involving teen bullying and celebrity suicides, such as Robin Williams, have generated a great deal of public interest and alarm. Suicide statistics for teens, young adults and middle-aged men are sobering, but there is a group of individuals that seems to fall under our radar more frequently — elders. A 2014 Washington Post article highlighted the rising rates of suicide among the elderly population, noting that white men over 85 are taking their own lives at four times the national rate. As the children, grandchildren or spouse of an elderly loved one, what do you look for? How can you help?

Knowing the Risks about Elder Suicide

According to the Centers for Disease Control (CDC) in the United States, suicide rates for males are highest among those aged 75 and older (rate 36 per 100,000). As the child or grandchild of a widower father or grandfather in poor health, you want to be aware of the risk factors if you have the slightest concern about your elderly loved one. Here are some risk factors of elder suicide:

- Discussing or reading about suicide and death
- Talking about feeling hopeless or making suicidal threats
- Neglecting to follow medical advice
- Stockpiling medications
- More frequent use of alcohol or prescription medication
- Giving items away/making statements of goodbye to friends or family
- Sleeping too often or not sleeping enough
- Isolating from family and friends
- Developing a sudden interest in firearms
- Making sudden changes or revisions to a will

If your loved one is in declining health, faces increased isolation and/or has suffered the loss of a close relative — particularly a spouse — it is imperative to be aware of these warning signs.

Suicide and Grieving

When an elderly loved one has lost a close family member, particularly a spouse, this can cause significant isolation and depression. If a spouse loses a partner after

many years of married life together, one may not know how to function day-to-day without the other. Suicide may enter into the equation, as the thought of life without the spouse may become unimaginable. Suicidal ideation may even be indirect. The person may neglect medication or forego seeking medical attention for health problems in hopes that death will reunite them with the loved one they miss.

If your family has suffered the loss of a parent or grandparent and the other spouse is still living, be aware of depression, isolation or a noticeable decline in health. Make efforts to check in regularly or share the responsibility of checking in with other family members. Involve your grieving loved one in regular activities such as family dinners, church services, social gatherings and children's events, such as sports or recitals. Encourage friends to call or stop by and offer invitations to join in senior activities. Offer to make doctor appointments and accompany them whenever possible.

Can I Make a Difference in Elder Suicide?

The answer is yes...with awareness and proactive steps. Keep in regular touch with your elderly loved one and visit as much as possible. Remember that our elders are part of generations that do not readily confide their feelings out loud; they may not be as comfortable sharing feelings or seeking help for mental health issues. While seeking help seems like the logical thing to do from our perspective, it may not be for them.

Do not hesitate to contact a suicide hotline or crisis center on their behalf if you have concerns your loved one may take his or her life. With love, awareness and resourcefulness, you can take steps to prevent the loss of a beloved parent, grandparent, uncle or friend you truly do not want to live without.

Suicide Prevention Resources

The International Association for Suicide Prevention provides worldwide information and crisis centers across the globe. www.iasp.info

For help with grief issues: www.griefandsympathy.com



RESOURCES IN A CRISIS SITUATION CALL 9-1-1 or GO TO THE EMERGENCY ROOM

Crisis Phone Lines

- Coos County 541-751-2550
- Curry County 877-519-9322
- Del Norte County 888-446-4408

- National Suicide Prevention Lifeline 800-273-8255
- Nacional de Prevencion del Suicidio 888-628-9454
- Deaf and Hard of Hearing 800-799-4889
- Veterans Crisis Line - 800-273-8255 x 1
- Alcohol & Drug Helpline - 800-923-4357
- Self-Harm Hotline - 800-366-8288
- Substance Abuse Helpline 800-923-4357
- Trans Lifeline - 877-565-8860
- Copline for Law Enforcement 800-267-5463
- David Romprey Warmline, 9a-11p Daily 800-698-2392

Crisis Text Lines

- Crisis Text Line Text "SOS" to 741741
- Deaf/Hard of Hearing Text "TalkWithUs" to 66746
- Spanish Speakers Text "Hablamos" to 66746
- Suicide Lifeline Text "273TALK" to 839863
- Teens Text "teen2teen" to 839863 4-10pm daily
- Trevor Project (LGBTQ) Text "START" to 678678
- Veterans Crisis Text Line 838255

Emergency Rooms

- Bay Area Hospital, 1775 Thompson Rd, Coos Bay
- Coquille Valley Hospital, 940 E 5th St, Coquille
- Curry General Hospital, 94220 4th St, Gold Beach
- Southern Coos Hospital and Health Center, 900 11th St SE, Bandon
- Sutter Coast Hospital, 800 E Washington Blvd, Crescent City

Crisis Services

- Coos Crisis Resolution Center - 541-266-8480
- Coos Health and Wellness Mobile Crisis Service - 541-266-6800

Behavioral Health

- Bay Area Hospital Psychiatric, 2085 Thompson Rd, Coos Bay
- Coos Health & Wellness - Behavioral Health, 281 LaClair St, Coos Bay
- Curry Community Health - Behavioral Health, 29692 Ellensburg Ave, Gold Beach
- Del Norte Mental Health Clinic, 455 K St, Crescent City

Find a therapist - <https://bit.ly/31MtlJV>

Suggested Training for Every Citizen 15 and Older Everyone can save a life

QPR - one hour on-line training - \$29.95 - <https://bit.ly/2S5ATf5> -
Additional trainings - <https://bit.ly/2IDK8B3>

Online Resources

- American Foundation for Suicide Prevention www.afsp.org
- National Alliance on Mental Illness www.nami.org
- National Institute of Mental Health www.nimh.nih.gov
- National Suicide Prevention Lifeline www.suicidepreventionlifeline.org
- Suicide Awareness Voices of Education www.save.org
- Suicide Awareness and Prevention Resource Guide <http://bit.ly/2byUzXy>

Tribal Member Services

- Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians Family Support & Behavioral Health Service, 1245 Fulton Ave, Coos Bay, 541-888-7553
- Coquille Indian Tribe Community Health Center 600 Miluk Dr, Coos Bay, 541-888-9494
- Elk Valley Clinic, 2298 Norris Ave, Crescent City, 707-464-2919
- Tolowa Dee-ni' Nation Dept. of Community and Family Services, 140 Rowdy Creek Rd, Smith River, 707-487-9255 x 1192
- United Indian Health Services, 1675 Northcrest Dr, Crescent City, 707-464-2750

Veteran Services (<https://bit.ly/2XPDLTD>)

- Coos County Veterans Services Office, 217 N Adams St, Coquille
- Curry County Veteran Services, 517 Railroad St, Brookings
- Del Norte County Veteran's Administration, 810 H St
- Pony Village Mall, 1611 Virginia Ave #212, North Bend
- Southwestern Oregon Veterans Outreach, Pony Village Mall, 1611 Virginia Ave. #212, North Bend

Seniors & People with Disabilities

- Brookings (APD) - 586 5th St, Ste 200, 541-469-9299
- Coastline Neighbors, Brookings, 541-207-1366
- Coos Bay (OPI) - 93781 Newport Lane, 541-269-2013
- Coos Elderly Services, 390 S 2nd St, 541-756-1202
- Crescent City - 880 Northcrest Dr, 707-464-3191
- Gold Beach (APD) - 94145 5th Pl, 541-247-4515
- North Bend - 2675 Colorado St, North Bend, 541-756-2017

Work Resources

- Coos Bay - WorkSource Oregon, 990 S 2nd St
- Crescent City - Workforce Center, 875 5th St
- Gold Beach - WorkSource, 29821 Colvin Ave
- Harbor - WorkSource Oregon - 16261 Hwy 101, Ste 11

Housing Resources

- Coos - Bay Area First Step (Temporary Shelter), 745 Koos Bay Blvd, Coos Bay
- Crescent City Housing Authority, 235 H St, Crescent City
- Curry - Southern Oregon Coast Resource Center 29821 Colvin St., Gold Beach
- Del Norte - Calworks Homeless Assistance, 880 Northcrest Dr, Crescent City

Food Box Sites

- Bandon Good Neighbors - 1100 11th St. SW
- Bandon Restoration Worship Center - 89 North Ave NE
- Brookings-Harbor Community Helpers - 539 Hemlock St
- Charleston Food Pantry - 63081 Crown Point Rd.
- Coos Bay Salvation Army - 1155 Flanagan Ave.
- Coos Bay - ORCCA Produce Program - 1855 Thomas Ave.
- Coos Bay - SDA Food Pantry - 2175 Newmark Ave.
- Coos Food Cupboard - 370 Market St.
- Coquille - Bear Cupboard- 790 W 17th St.
- Crescent City Food Bank, 286 M St
- Gold Beach - Christian Help - 29813 Colvin St.
- Gold Beach SDA, 94191 3rd St.
- Langlois Food Pantry - 94284 Hwy 101 South
- Myrtle Point Food Pantry - 1320 Maryland Ave.
- North Bend Presbyterian Church - 2238 Pony Creek Rd.
- Port Orford - The Common Good - 2015 Washington St.
- Powers Food Pantry - 510 2nd Ave.

In remembrance of

- Dan Nichols by Gordon Clay
- Dorothy Shull by Dori Statton
- Jay Flaxman
- Joe by The Ell Family
- Joe Galvin by Lorraine Grumet
- Marty Grumet by Daniel Grumet
- Mr. Duncan by Lorraine Grumet
- Robert Storey by Daniel Grumet

***Silence is so freaking loud. Let's talk and save lives.
Join these members of our village to Break the Silence!***

ABC Art Prints
Advanced Health
Advanced Health Community Advisory Councils
Alice Taylor
AllCare Health Community Advisory Council
Alternative Youth Activities
Anthony Trombetti
Board Members of KCIW
Boys & Girls Club of Southwestern Oregon
Carl King
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Christy Vollstedt, Life Coach
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College of the Redwoods Del Norte LIGHT Center
Coos Bay Readers Book Group
Coos County OSU Extension
Coos Health and Wellness
Costa Clinical Psychology
Curry Community Health Behavioral Health
Curry Community Health Patient-Centered
 Primary Care Homes
Curry Community Health - Public Health
Curry County OSU Extension
Curry Family Medical
Curry General Hospital
Curry Health District
Curry Health Network
Curry Homeless Coalition
Curry Medical Center
Curry Medical Practice
Curry Medical West
Dan & Barbara VanSlyke
Del Norte Supervisor Bob Berkowitz
Del Norte Supervisor Chris Howard
Don & Lynda Hatfield

Dorene Ames
Elk Valley Rancheria
Family Resource Center of the Redwoods
First 5 of Del Norte
Gloria Dei Lutheran Church
Gordon Clay
Jackalene J. Antunes
Jenna & Chris Donovan
Jerry & Toni Wyatt-Kirkeby
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Judy Kaplan
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Laura Williams
Lynn's Hope House of New Beginnings
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OtterBee's Market
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