

DELAWARE'S
PROJECT
LIFE
(LIVING IS FOR EVERYONE)

FOR MORE INFORMATION:



Mental Health
Association
in Delaware

www.mhainde.org

Contact: Victoria Chang, MSW

(302) 654-6833

(800) 287-6423



The Department of Services for
Children, Youth and Their Families
Division of Prevention and Behavioral Health Services

<http://kids.delaware.gov/pbhs/pbhs.shtml>

Contact: Marybeth Johns, MSW

(302) 633-2600

(800) 722-7710

www.getrightsideup.org

www.delteenspace.org

This toolkit was developed under grant number 1U79SM058380-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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Reaching out to reduce suicide in the communities.



COMMUNITY ORGANIZATION TOOLKIT BOOKLET

What the community NEEDS TO KNOW

Using a system-wide community approach to recognizing youth at-risk and referring them to appropriate services has been shown to markedly reduce suicide rates. Project LIFE (Living Is For Everyone) focuses on evidence-based best practices in the field because prevention programs that address risk and protective factors at multiple levels are more effective.



Suicidal behavior should never be dismissed as “attention-getting” or “manipulative”; it may be a serious cry for help. People who talk about suicide do kill themselves. We must take every threat seriously. Suicidal youth do not really want to die—they want to escape their pain and may see no alternative course of action.

This booklet will help community members understand more about suicide, its prevalence, the risk factors and warning signs, and—most important—the protective factors. It will also provide information about how to overcome initial reactions that are not helpful in finding more positive and helpful responses. And finally, community members will find resources and ideas that will motivate an agency or organization to take action to raise awareness and help prevent suicide in Delaware.

THERE ARE NO GENERALIZATIONS WHEN THE TALK IS ABOUT SUICIDE

- There is no typical suicide victim.
- There are no absolute reasons for suicide.
- Suicide is always multidimensional.
- Preventing suicide must involve many approaches and requires teamwork.
- Most suicidal people do not want to die; they just want to end their pain.
- Ambivalence almost always exists until the moment of death.
- A suicidal person sees suicide as the “solution” to his or her problems. Efforts to discuss alternative solutions can decrease the ambivalence and give someone a sense of hope.
- A suicidal person is in crisis. Suicidal people are experiencing severe psychological distress. They need help in handling the crisis.
- Almost all suicidal people are ambivalent—they wish to live and they wish to die. We must support the side that wants to live and acknowledge the part that wants to die. Talking about these mixed feelings lowers anxiety. Listening and caring may save a life.
- Suicidal thinking is frequently irrational. Depression, anxiety, psychosis, drugs or alcohol often distort the thought process of people when they are feeling suicidal.
- Suicidal behavior is an attempt to communicate. It is a desperate reaction to overwhelming circumstances. We need to pay attention!

What are RISK FACTORS?

Risk factors are stressful events, situations or conditions that exist in a person's life that may increase the likelihood of suicide. There is no predictive list of a particular set of risk factors that spells imminent danger of suicide. It is important to understand that risk factors do not cause suicide. Stressful events have different meanings for all people; it is how individuals perceive these events combined with individual coping strategies that determine how they respond.

Strong risk factors may include:

- One or more prior suicide attempts
- Suicidal threats
- Homicidal ideation
- Exposure to suicidal behavior or the actual suicide of a family member or close friend
- Detailed plan for an attempt (how, where, when)
- Depression, mood disorder, anxiety or psychosis lasting over two weeks
- Alcohol or other drug use and abuse
- Isolation, alienation from family members, friends
- Serious family fights and conflicts
- Outrageous, abusive or unpredictable behavior from parents
- Conduct disorder
- Feelings of hopelessness, helplessness, extreme unhappiness
- Multiple losses

What are WARNING SIGNS?

Warning signs are the changes in a person's behaviors, feelings and beliefs about him or herself that indicate risk. Many signs are very similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some young people behave impulsively and may choose suicide as a solution to their problems very quickly.

Early warning signs include:

- Feeling sad, angry
- Eating and sleeping disturbances
- Restlessness, agitation, anxiety
- Feeling like a failure; self-criticism
- Risky or impulsive behaviors
- Pessimism
- Difficulty concentrating
- Preoccupation with death

Late warning signs include:

- Actual talk of suicide, death
- Dropping out of usual activities
- Isolation from family and peers
- Refusing help; feeling "beyond help"
- Making a last will and testament
- Giving away favorite possessions
- Offering verbal clues about the wish to die
- Displaying sudden improvement after a period of being very sad and withdrawn—this may mean that a decision has been made to escape all problems by ending life
- Difficulties in school

What are PROTECTIVE FACTORS?

Protective factors are the positive conditions and personal and social resources that promote resiliency and reduce the potential for youth suicide as well as other high-risk behaviors.

Protective factors include:

- Close family bonds
- Strong sense of self-worth
- Sense of personal control
- Good impulse control
- Reasonably stable environment
- Responsibilities/duties to others
- Best friends
- Opportunities to participate in projects/activities
- Lack of access to lethal means
- Pets

REACTIONS AND RESPONSES

Conversations or questions about suicide can cause a wide variety of reactions among community members. The following feelings are not uncommon when a person is confronted with someone who talks about suicide. It's important to recognize that an initial feeling can be overridden by a more considered and appropriate response. Let's look at some examples of how a person can change his or her response to be more helpful to a person at risk for suicide.

PANIC

Your reaction: I can't deal with this! I'm just a friend (teacher, other). I'm not a trained crisis worker.

Consider this: It might be scary, but you can help. By talking and listening, you can develop a trusting relationship. You can provide a safe period of time for the youth until another form of assistance is found.

FEAR

Your reaction: What if I try to help and he or she does it anyway?

Consider this: This is a possibility. It helps to remember that the person is responsible for his or her own decisions. Anger and sadness will be experienced by everyone involved. Get help for yourself! Don't let the stigma around suicide affect you, too.

FRUSTRATION

Your reaction: I don't have time for this. I have a busy schedule.

Consider this: Effective interventions can be brief and short-term. A suicidal person's immediate need is talking and connecting with someone. After this, you can help the person find someone who can help in the long term. When you know someone is suicidal, it's important to connect right away.



REACTIONS AND RESPONSES (continued)

ANGER

Your reaction: Why are you doing this to me? I am already your friend (teacher, other)—I don't want to be your helper, too!

Consider this: Anger can mean you feel unprepared to deal with suicide. Acknowledging your feelings of anger can help you be more effective in finding help for the person in need.

HELPLESSNESS

Your reaction: This person's situation is hopeless. I'll never be able to find anything that will help this person want to live.

Consider this: Don't focus on all the problems the person is having. *Go slowly and concentrate on keeping the person safe from suicide.* All of the other problems can be dealt with later.

CONFLICTED

Your reaction: If people want to complete suicide, I should not stop them.

Consider this: Remember this very important fact: If someone is talking to you about suicide, it means he or she is still undecided. By responding with, "You have the right to complete suicide," you are missing this signal: The person at-risk wants to *talk about suicide*.

PROJECT LIFE

follows the National Strategy for Suicide Prevention

In 1996, the World Health Organization (WHO), recognizing the growing problem of suicide worldwide, urged member nations to address suicide. *Its document, Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies*, motivated the creation of an innovative public/private partnership to seek a national strategy for the United States. This public/private partnership included agencies in the U.S. Department of Health and Human Services, encompassing the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the National Institute of Mental Health (NIMH), the Office of the Surgeon General, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Suicide Prevention Advocacy Network (SPAN), a public grassroots advocacy organization made up of suicide survivors (persons close to someone who completed suicide), attempters of suicide, community activists, and health and mental health clinicians.

The Surgeon General's Call to Action introduces a blueprint for addressing suicide—Awareness, Intervention and Methodology, or **AIM**—an approach derived from the collaborative deliberations of the conference participants. As a framework for suicide prevention, **AIM** includes 15 key recommendations that were refined from consensus and evidence-based findings presented at the Reno conference. Recognizing that mental health and substance abuse disorders confer the greatest risk for suicidal behavior, these recommendations suggest an important approach to preventing suicide and injuries from suicidal behavior by addressing the problems of undetected and undertreated mental and substance abuse disorders in conjunction with other public health approaches.

These recommendations and their supporting conceptual framework are essential steps toward a comprehensive **National Strategy for Suicide Prevention**. Other necessary elements will include constructive public health policy, measurable overall objectives, ways to monitor and evaluate progress toward these objectives, and provision of resources for groups and agencies identified to carry out the recommendations. The nation needs to move forward with these crucial recommendations and support continued efforts to improve the scientific bases of suicide prevention.

Implementing AIM as an action agenda IN COMMUNITIES

As states and local communities apply the public health approach to AIM recommendations, they must consider both population-based and clinical care initiatives. Their first step is to define and to describe the problem of suicide and its associated risk factors locally and measure their magnitude. Next, causes of the conditions found must be identified. Then, community interventions must be designed to address the identified needs through attention to the causes revealed. Evaluating project effectiveness provides guidance for refining the intervention and expanding benefits to other settings. The following hypothetical descriptions of community suicide prevention activities have been created to illustrate applied public health and clinical management prevention models.

Youth

Recognizing the state's increasing rates of substance abuse and suicide among youth, the state public health director in consultation with the Regional Health Administrator brought together concerned representatives to form a state youth suicide, substance abuse and depression prevention coalition. The coalition members reflected many sectors in the community including suicide survivors, educators, social service agencies, the faith community, businesses, the state cooperative extension programs (4-H), school psychologists, child psychiatrists, the PTA, substance abuse treatment counselors, public officials and the juvenile justice system. The coalition also established a youth advisory board.

After collecting detailed information on the dimensions of youth substance abuse, depression and suicide in the state and after identifying how few school systems had screening, referral and crisis response plans, the coalition formed a multidisciplinary study committee to develop a model suicide

prevention plan. A broad array of public and professional organizations in the state studied and endorsed the model plan. A corporate partner from the business community provided a grant to distribute the model plan along with a curriculum guide for natural helpers to identify high-risk youth. As school districts adapted the plan and implemented it locally, follow-up surveys were conducted to determine patterns of use, satisfaction with the model plan and guide, and impact on substance abuse, depression and suicidal behaviors in communities statewide. Based on evidence collected from the evaluations, the model plan was revised to include more guidance on working with the media to de-sensationalize coverage of suicide, and promote abstinence from substance use as well as encourage youth to seek treatment for both substance abuse and depression.

FOR MORE DETAILED INFORMATION, VISIT:
<http://mentalhealth.samhsa.gov/suicideprevention/calltoaction.asp>

